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Fill in this information to identify your c			
United States Bankruptcy Court for the: DISTRICT OF MINNESOTA			
Case number (if known):	Chapter you are filing under:		
	✓ Chapter 7		
	Chapter 11		
	Chapter 12	По	Check if this is an
	Chapter 13		mended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
Write the name that is on your government-issued picture identification (for example, your driver's license or passport).		Joshua First Name P Middle Name	First Name J Middle Name	
		Dickmann	Dickmann	
	Bring your picture identification to your meeting	Last Name	Last Name	
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)	
	All other names you have used in the last 8 years	First Name	First Name	
	Include your married or	Middle Name	Middle Name	
	maiden names.	Last Name	Last Name	
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>3</u> <u>6</u> <u>7</u> <u>4</u>	xxx - xx - <u>3</u> <u>8</u> <u>3</u> <u>6</u>	
	number or federal Individual Taxpayer	OR	OR	
	Identification number (ITIN)	9xx - xx	9xx - xx	

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Del	btor 1	Joshua First Name	P Middle Name	Dickmann Last Name	Case number (if k	nown)
			About Debt	or 1:	About Debto	or 2 (Spouse Only in a Joint Case):
4.	Any b	usiness names	☐ I have	not used any business names or El	Ns. I have n	ot used any business names or EINs.
		mployer fication Numbers	Udderview	<i>y</i> Dairy	Udderview	Dairy
	(EIN)	you have used in	Business nam		Business name	
		st 8 years	Business nam	e	Business name	
		e trade names and business as names				
	Ū		Business nam	e	Business name	
5.	Where	e you live	EIN		EIN If Debtor 2 li	ves at a different address:
J.	Wilcit	z you nve	47072 225	th Ave	ii Debioi 2 ii	ves at a different address.
			17873 225 Number St	reet	Number Stre	eet
					_	
			Pierz City	MN 56364 State ZIP Code	City	State ZIP Code
			Morrison	State ZIF Code	City	State ZIF Code
			County		County	
			the one abo	ing address is different from ove, fill it in here. Note that the and any notices to you at this ress.	from yours,	mailing address is different fill it in here. Note that the court notices to you at this mailing
			Number St	reet	Number Stre	eet
			P.O. Box		P.O. Box	
			City	State ZIP Code	City	State ZIP Code
6.		ou are choosing	Check one:		Check one:	
	this di bankr	istrict to file for uptcy	petition	ne last 180 days before filing this i, I have lived in this district longer any other district.	petition,	e last 180 days before filing this I have lived in this district longer any other district.
				another reason. Explain. 3 U.S.C. § 1408.)		nother reason. Explain. U.S.C. § 1408.)
P	Part 2:	Tell the Court	About Your Ba	ankruptcy Case		
_			0			
7.	Bankr	hapter of the ruptcy Code you noosing to file		For a brief description of each, see y (Form 2010)). Also, go to the top		11 U.S.C. § 342(b) for Individuals Filing k the appropriate box.
	under	_		7		
			☐ Chapter	11		
			☐ Chapter	12		
			☐ Chapter	13		

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Deb	tor 1 Joshua	Р	Dickmann	Case numb	per (if known)	
	First Name	Middle Name	Last Name		_	
8.	How you will pay the fee	court pay v	pay the entire fee when I file my per for more details about how you may with cash, cashier's check, or money of lf, your attorney may pay with a credit	pay. Typically order. If your a	r, if you are pay attorney is subr	ing the fee yourself, you may nitting your payment on your
			ed to pay the fee in installments. If yiduals to Pay Your Filing Fee in Instal	•		and attach the Application for
		By la than fee ii	uest that my fee be waived (You many, a judge may, but is not required to 150% of the official poverty line that an installments). If you choose this oping Fee Waived (Official Form 103B) and	, waive your fe applies to your tion, you must	ee, and may do family size and fill out the App	so only if your income is less d you are unable to pay the
9.	Have you filed for	⋈ No				
	bankruptcy within the last 8 years?	☐ Yes.				
	last o years:	District		When		Case number
		_				Case number
		District _		When _	MM / DD / YYYY	Case number
		District _				Case number
10.	Are any bankruptcy	☑ No				
	cases pending or being filed by a spouse who is	Yes.				
	not filing this case with you, or by a business	Debtor _			Relationsh	ip to you
	partner, or by an	District _		When _		Case number,
	affiliate?			N	MM / DD / YYYY	if known
		Debtor _			Relationsh	ip to you
		District _		When _		Case number,
				N	MM / DD / YYYY	if known
11.	Do you rent your residence?	☑ No. ☐ Yes.	Go to line 12. Has your landlord obtained an evict residence?	tion judgment a	against you and	d do you want to stay in your
			No. Go to line 12. Yes. Fill out Initial Statement and file it with this bankruptcy		tion Judgment /	Against You (Form 101A)

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Deb	otor 1	Joshua First Name	P Middle N	lom -	Dickmann Last Name	Case number (i	f known) _		
D	art 21	•	Middle N			olo Propriotor			
P	art 3:	Report About A	Any Bi	usine	sses You Own as a So	DIE Proprietor			
12.	-	u a sole proprietor full- or part-time ss?			Go to Part 4. Name and location of busin	ess			
	busines individu separat	oroprietorship is a ss you operate as an ial, and is not a e legal entity such as iration, partnership, or			Name of business, if any 17873 225th AV Number Street				
	If you b	ava mara than ana			Pierz		MN	<u>5636</u>	
	sole pro	ave more than one oprietorship, use a seet and attach it petition.			Health Care Business Single Asset Real Est Stockbroker (as define	to describe your business: (as defined in 11 U.S.C. § tate (as defined in 11 U.S.C ed in 11 U.S.C. § 101(53A) s defined in 11 U.S.C. § 10	:. § 101(51B)	ZIP Co	ode
13.	13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>		can	set ap st rece	filing under Chapter 11, the oppropriate deadlines. If you int balance sheet, statement f these documents do not ex	indicate that you are a smal of operations, cash-flow sta	I business o atement, and	debtor, you d federal in	must attach your ncome tax return
	debtor	?		No.	I am not filing under Chapt	er 11.			
		definition of small		No.	I am filing under Chapter 1 the Bankruptcy Code.	1, but I am NOT a small bu	siness debto	or accordir	ng to the definition in
		C. § 101(51D).		Yes.	I am filing under Chapter 1 Bankruptcy Code.	1 and I am a small busines	s debtor acc	ording to t	the definition in the
P	art 4:	Report If You (Own o	r Hav	e Any Hazardous Prop	perty or Any Property	That Ne	eds Imm	nediate Attention
14.	proper alleged immine	own or have any ty that poses or is I to pose a threat of ent and identifiable to public health or		No Yes.	What is the hazard?				
	safety?	Or do you own operty that needs iate attention?			If immediate attention is ne	eeded, why is it needed?			
	perisha livestoo	ample, do you own ble goods, or sk that must be fed, or ng that needs urgent ?			Where is the property?Nun	nber Street			
									7/0.0
					City	•		State	ZIP Code

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Debtor 1 Joshua P Dickmann Case number (if known) Last Name

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

About Debtor 1:

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan if any

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am not required to receive a briefing	j about
credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

reasonably tried to do so.

through the internet, even after I

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan if any

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-50540 Doc 1 Filed 08/11/16 Entered 08/11/16 18:07:39 Desc Main Document Page 6 of 91

Deb	otor 1	Joshua First Name	P Middle N	Dickma Name Last Nam		Case number (if	know	n)	
Р	art 6:	Answer These	Quest	ions for Reporting	g Purpose	es .			
16.	What k have?	ind of debts do you	16a	as "incurred by an ir No. Go to line	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." ✓ No. Go to line 16b. ✓ Yes. Go to line 17.				
			16b	•	s or investm 16c.	ess debts? Business debi		debts that you incurred to obtain e business or investment.	
			16c	. State the type of del	ots you owe t	that are not consumer or bu	siness	s debts.	
17.	Are yo Chapte	u filing under er 7?		No. I am not filing u	ınder Chapte	er 7. Go to line 18.			
	any ex exclud admini are pai availab	u estimate that after empt property is led and istrative expenses id that funds will be ple for distribution ecured creditors?	Ø	•	•	•	-	xempt property is excluded and to distribute to unsecured creditors?	
18.		nany creditors do timate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000	
19.		nuch do you te your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.		nuch do you te your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	

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Debtor 1	Joshua	Р	Dickmann	Case number (if known)				
	First Name	Middle Name	Last Name	<u> </u>				
Part 7:	Sign Below							
For you		I have exami	ined this petition, and I decl	are under penalty of perjury that the information provided is true				
		or 13 of title	If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
		ot pay or agree to pay someone who is not an attorney to help me and read the notice required by 11 U.S.C. § 342(b).						
		I request reli	ef in accordance with the ch	ordance with the chapter of title 11, United States Code, specified in this petition.				
		connection w	•	concealing property, or obtaining money or property by fraud in result in fines up to \$250,000, or imprisonment for up to 20 years, and 3571.				
		X /s/ Josh	ua P Dickmann	X /s/ Linda J Dickmann				
		Joshua P	Dickmann, Debtor 1	Linda J Dickmann, Debtor 2				
		Executed	on 08/11/2016 MM / DD / YYYY	Executed on <u>08/11/2016</u> MM / DD / YYYY				

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Debtor 1	Joshua	Р	Dickmann	Case number (if know	n)		
	First Name	Middle Name	Last Name				
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.		eligibility to prelief availab the debtor(s)	proceed under Chapter 7, 1 ble under each chapter for v) the notice required by 11 t	1, 12, or 13 of title 11, United Sta which the person is eligible. I also J.S.C. § 342(b) and, in a case in	petition, declare that I have informed the debtor(s) about or 13 of title 11, United States Code, and have explained the he person is eligible. I also certify that I have delivered to § 342(b) and, in a case in which § 707(b)(4)(D) applies, ry that the information in the schedules filed with the petition		
		X /s/ Sam		Date	08/11/2016		
		Signature	e of Attorney for Debtor	_	MM / DD / YYYY		
		Sam V.	Calvert				
		Printed n	ame				
		Sam V.					
		Firm Nan					
		1011 2n Number	od ST N Street				
		Number	Sileet				
		St. Clou	ıd	MN	56303		
		City		State	ZIP Code		
		Contact p	ohone (320) 252-4473	Email address			
		1431X					

State

Bar number

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Fill in this inf		fy your case P Middle Name	e and this filing: Dickmann Last Name		
Debtor 2 (Spouse, if filing)	Linda First Name	J Middle Name	Dickmann Last Name		
United States Ba	nkruptcy Court for the:	DISTRICT OF	MINNESOTA		
Case number (if known)				-	t if this is an ded filing
Official Form	106A/B				
Schedule A/	B: Property				12/15
Part 1: De	scribe Each Resid	ence, Buildi	, write your name and case nung, Land, or Other Real I	Estate You Own or Have	
☐ No. Go t ☑ Yes. Wh	o Part 2. here is the property?				
1.1. 17873 225th Ave	•	Check all	the property? I that apply. Ie-family home	Do not deduct secured cla amount of any secured cla Creditors Who Have Clain	
Section 24, Tow	e Northeast Quarter nship 41, Range 31,	of Duple	ex or multi-unit building dominium or cooperative ufactured or mobile home	Current value of the entire property? \$233,800.00	Current value of the portion you own? \$233,800.00
Morrison County Morrison County	y, Minnesota		stment property share	Describe the nature of your interest (such as fee sime entireties, or a life estate	ple, tenancy by the
		Who has Check on	an interest in the property?	Fee Simple	
		☐ Debto	or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and anoth	Check if this is comm (see instructions)	nunity property
			formation you wish to add abo identification number: 02.0	ut this item, such as local 0215.000	

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Debtor 1	Joshua	Р		Case number (if known)	
	First Name	Middle Name	Last Name		
1.2.			What is the property?	Do not deduct secured clai	ms or exemptions. Put the
17791 225	th Ave.		Check all that apply.	amount of any secured clai	
_			☐ Single-family home	Creditors Who Have Claim	
5 acres	east Quarte	or of the	Duplex or multi-unit building	Current value of the entire property?	Current value of the portion you own?
	Quarter of		Condominium or cooperative Manufactured or mobile home	• • •	•
		31, Morrison	☐ Land	\$108,600.00	\$108,600.00
County, M	innesota		☐ Investment property	Describe the nature of yo	ur ownership
			Timeshare	interest (such as fee simp	
Morrison			Other	entireties, or a life estate) –	, if known.
County			Who has an interest in the property? Check one.	Fee Simple	
			Debtor 1 only	☐ Check if this is comm	nunity property
			Debtor 2 only	(see instructions)	, p
			Debtor 1 and Debtor 2 only		
			At least one of the debtors and anoth	ner	
			Other information you wish to add aboroperty identification number: 02.	out this item, such as local 0221.000	
		• •	own for all of your entries from Part 1, in		\$342,400.00
Part 2:	Doscribe	e Your Vehicles			
	ans, trucks,		e a vehicle, also report it on Schedule G: E	executory Contracts and Unexpi	red Leases.
_	-				
3.1. Make:	G	мс	Who has an interest in the property? Check one.	Do not deduct secured clai amount of any secured clai	•
		ukon	Debtor 1 only	Creditors Who Have Claim	
Model:	_		Debtor 2 only	Current value of the	Current value of the
Year:	_)04 75 000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	e mileage: 17	75,000	At least one of the debtors and anoth	ner \$3,000.00	\$3,000.00
Other inform 2004 GMC miles)		orox. 175000	Check if this is community propert (see instructions)	ty	
3.2.			Who has an interest in the property?	Do not deduct secured clai	ms or exemptions. Put the
Make:	<u>F</u> c	ord	Check one.	amount of any secured clai	
Model:	<u>F2</u>	250	Debtor 1 only	Creditors Who Have Claim	
Year:	19	990	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approximate	e mileage: 13	30,000	At least one of the debtors and anoth		\$500.00
Other inform	nation:				Ψουσ.συ
	F250 (appre	ox. 130000	Check if this is community proper	ty	
miles)			(see instructions)		

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Deb	tor 1 Joshua	P		Case number (if known)	
	First Name	Middle Name	Last Name		
3.3.			Who has an interest in the property?	Do not deduct secured clai	·
Mak	ie:	Chevy	Check one.	amount of any secured cla Creditors Who Have Claim	
Mod	lel:	1/2 ton pickup	Debtor 1 only Debtor 2 only	Current value of the	Current value of the
Yea	r:	1991	Debtor 2 only Debtor 1 and Debtor 2 only	entire property?	portion you own?
App	roximate mileage:		At least one of the debtors and anoth	ner \$200.00	\$200.00
Oth	er information:		_		
	1 Chevy 1/2 ton ning)	pickup (not	Check if this is community propert (see instructions)	ty	
3.4.			Who has an interest in the property?		ms or exemptions. Put the
Mak	ie:	Chevy	Check one.	amount of any secured cla	
Mod	lel:	Cavalier	Debtor 1 only	Creditors Who Have Claim	
Yea	r:	2000	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Арр	roximate mileage:	111,000	At least one of the debtors and anoth		\$1,000.00
Oth	er information:		_		
200 mile	-	er (approx. 111000	Check if this is community propert (see instructions)	ty	
(da	ughter's car)				
4.	•	•	and other recreational vehicles, other valuatercraft, fishing vessels, snowmobiles	•	
	□ No ☑ Yes	,,, porconic		,	
4.1.			Who has an interest in the property?	Do not deduct secured clai	ms or exemptions. Put the
Mak		Crestliner	Check one.	amount of any secured cla	•
Mod	lel:	1650 Sportfish	Debtor 1 only	Creditors Who Have Claim	s Secured by Property.
Yea	r:	2005	Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Oth	er information:		Debtor 1 and Debtor 2 only At least one of the debtors and anoth		\$3,500.00
200	5 Crestliner 165	0 Sportfish, with	The loads one of the debtere and another	φ3,300.00	φ3,300.00
75 I	hp Yamaha and	Shorelander trailer	Check if this is community propert (see instructions)	ty	
5.		•	own for all of your entries from Part 2, ir Part 2. Write that number here	_	\$8,200.00
P:	art 3: Descr	ihe Your Personal	and Household Items		
	DC301	ibe rour reroonare	and Hodgenold Reins		Current value of the
Do	you own or have a	any legal or equitable in	terest in any of the following items?		portion you own? Do not deduct secured claims or exemptions.
6.	-	s and furnishings appliances, furniture, line	ens, china, kitchenware		
	☐ No ☑ Yes. Describ	e See continuation	n page(s).		\$4,600.00
7.	•		video, stereo, and digital equipment; comp evices including cell phones, cameras, me		
	☐ No ✓ Yes. Describ	e See continuation	n page(s).		\$1,000.00

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Deb		Joshua	Р	Dickmann	Case number (if known)	
		First Name	Middle Name	Last Name		
8.		•		s, prints, or other artwork; bool	ks, pictures, or other art objects; morabilia, collectibles	
	✓ No ☐ Yes.	Describe				
9.			ographic, exercise,	and other hobby equipment; bi	cycles, pool tables, golf clubs, skis;	
	□ No ✓ Yes.	Describe §	See continuation	page(s).		\$35.00
10.			s, shotguns, ammur	nition, and related equipment		
		Describe \$	See continuation	page(s).		\$600.00
11.	Clothes Example □ No	es: Everyday clo	othes, furs, leather of	coats, designer wear, shoes, a	ccessories	
42	Yes.		ordinary clothing	I		\$2,500.00
12.	Jewelry Example		velry, costume jewe	elry, engagement rings, weddin	g rings, heirloom jewelry, watches, gems,	
	☐ No ✓ Yes.	Describe \$	See continuation	page(s).		\$350.00
13.	Example	m animals es: Dogs, cats, b	oirds, horses			
	☐ No ✓ Yes.	Describe \$	See continuation	page(s).		\$21.00
14.	did not		d household items	you did not already list, incl	uding any health aids you	
		Give specific				
15.				from Part 3, including any e	ntries for pages you have	\$9,106.00
Pá	art 4:	Describe Y	our Financial <i>A</i>	Assets		
Doy	ou own	or have any leg	gal or equitable int	erest in any of the following?	•	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	es: Money you h	ave in your wallet, i	in your home, in a safe deposit	box, and on hand when you file your	
	□ No ✓ Yes.				Cash:	\$10.00
17.	-	-	ouses, and other sir		deposit; shares in credit unions, nultiple accounts with the same	
	□ No ✓ Yes.		Instit	ution name:		

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Deb		oshua st Name	P Middle N		Dickmann Last Name		Case number (if known)	
	17.1.	Checking acc			count # 6672 a	at Pine Coun	try Rank	\$2.04
	17.2.	Checking acc						\$385.25
1Ω		utual funds, or			count #8803 a	it Fille Coulit	iy balik	φ363.23
10.	•	•			rokerage firms, r	money market a	accounts	
	☑ No							
	_							
19.	-	cly traded stoc t in an LLC, pa		-		ncorporated bi	usinesses, including	
	☐ No							
		Give specific ation about						
			Name of	entity:			% of ownership:	
			self em	ployed dairy	farming		100%	\$1.00
20.					otiable and non			
	-						es, and money orders. r delivering them.	
	☑ No							
		Give specific ation about						
			Issuer na	ıme:				
21.		t or pension ac		(aaab 404/ls)	402/h) thrift co.	inga aaaaunta	or other pension or	
	Examples:	profit-sharing p		keogn, 401(K),	403(b), trimit sav	rings accounts,	or other pension or	
	□ No							
		ist each nt separately.	Type of ac	count: In	stitution name:			
	accoun	n ooparatory.	IRA:		oth IRA throu	gh American	Funds	\$826.84
			IRA:	_	oth IRA throu			\$928.26
22.	Security d	eposits and pr		_		<u>g</u>		
	Your share	of all unused d	eposits you	ı have made s			e or use from a company	
	Examples: companies	-	th landlord	s, prepaid rent	, public utilities (electric, gas, wa	ater), telecommunications	
	√ No							
	Yes				ution name or in			
23.	Annuities No	(A contract for	a specific _l	periodic payme	ent of money to y	ou, either for lif	fe or for a number of years)	
	<u>·</u>		Issuer na	me and descri	iption:			
24.					qualified ABLE	program, or u	nder a qualified state tuition pro	ogram.
	26 U.S.C. §	§§ 530(b)(1), 52	9A(b), and	529(D)(1).				
			Institutio	n name and de	scription. Separ	rately file the re	ecords of any interests. 11 U.S.C.	§ 521(c)
25.	•				other than anyth	hing listed in li	ine 1), and rights or	
	No No	ercisable for y	our benen	ı				
	Yes. C	Give specific						
		ation about then				_		
26.					ind other intelle eds from royaltie			
	☑ No				•	•		
		Give specific ation about then	n					

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27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive idensees, cooperative association holdings, liquor licenses, professional licenses No	Deb	tor 1	Joshua First Name	P	Dickmann e Name Last Name	Case number (if known)		
State: Possible future tax refund (Morking Family Credit). Am::\$500.00	27	Licens						
Ves. Give specific information about them Current value of the portion you own?	21.			_		n holdings, liquor licenses, professio	nal licen	ses
information about them Money or property owed to you? 28. Tax refunds owed to you No		☐ No						
Portion you own? Calims or exemptions.			•		Dept. of Ag license to sell milk			Unknown
28. Tax refunds owed to you No Yes. Give specific information about them, including whether you alriaged filled the returns and the tax years	Mor	ney or p	roperty owed to	you?				portion you own? Do not deduct secured
No Yes. Give specific information about them, including whether you already filed the returns and the tax years								oranine or exemplication
Yes. Give specific information about them, including whether you already filed the returns and the tax years	28.	Tax ref	unds owed to y	ou				
about them, including whether you already filed the returns and the tax years		_						
you already filed the returns and the tax years						efund (non-EIC). Amt:	Federal	
State: Possible future tax refund (non Working Family Credit). Amt: \$500.00 State: Possible future tax refund (Working Family Credit). Amt: \$500.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information Alimony: Support: Sup		you	already filed the	returns			State:	\$1,000.00
State: Possible future tax refund (Working Family Credit). Amt: \$500.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information Alimony: S0.00 Maintenance: \$0.00 Support: Support: S0.00 Property settlement: \$0.00 Property settlement: \$0.00 Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance company of each policy and list its value		and	the tax years		Federal: Possible future tax re	al: Possible future tax refund (EIC). Amt: \$3,000.00 Loc		\$0.00
Amt: \$500.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No						ınd (non Working Family		
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information Alimony: S0.00 Maintenance: S0.00 Support: S0.00 Divorce settlement: S0.00 Property settlement: S0.00 Beneficiary: Surrender or refund value Beneficiary						ınd (Working Family Credit).		
Yes. Give specific information	29.	-		lump sum a	ılimony, spousal support, child suppo	rt, maintenance, divorce settlement	, property	y settlement
Maintenance: \$0.00 Support: \$0.00 Divorce settlement: \$0.00 Divorce settlement: \$0.00 Property settlement: \$0.00 Property settlement: \$0.00 Support: \$0.00 Divorce settlement: \$0.00 Property settlement: \$0.00 Property settlement: \$0.00 We samples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information 11. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value			Give specific i	information		Alimony:		\$0.00
Support: Support: \$0.000			s. Give specific i	momation		•		
Divorce settlement: Solution Property settlement: \$0.000							ce.	
30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value								
30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value						Divorce se	ettlement	
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value						Property s	ettlemen	t: \$0.00
Tyes. Give specific information 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value	30.		les: Unpaid wage	es, disability	y insurance payments, disability bene		6'	
Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value			s. Give specific i	information				
Yes. Name the insurance company of each policy and list its value	31.			-	insurance; health savings account (h	HSA); credit, homeowner's, or renter	r's insura	nce
company of each policy and list its value		_						
32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died ✓ No ✓ Yes. Give specific information		cor	npany of each po	olicy	ompany name:	Beneficiary:	Su	rrender or refund value:
If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died ✓ No ✓ Yes. Give specific information				lif	fe insurance on daughters (est)	debtors		\$1,000.00
entitled to receive property because someone has died ☑ No ☐ Yes. Give specific information	32.	Any int	erest in propert	y that is du	ue you from someone who has died	 1		
Yes. Give specific information						surance policy, or are currently		
		ست	s. Give specific i	information				
33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue	33.							
☑ No ☐ Yes. Describe each claim		<u> </u>	s. Describe each	n claim				

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Deb	-	Joshua First Name	P Middle Name	Dickmann Last Name	Case number (if known)	
34.		ontingent and o set off claim	•	s of every nature, including cou	unterclaims of the debtor and	
	✓ No ☐ Yes.	. Describe eac	ch claim			
35.	Any fina	ıncial assets	you did not already	list		
	□ No ✓ Yes.	. Give specific	c information See c	continuation page(s).		\$30,001.00
36.			•	s from Part 4, including any entr		\$38,154.39
Đ,					or Have an Interest In. List any	roal estate in Part 1.
						Tearestate III i a.v
37.	-		any legal or equitabl	le interest in any business-rela	ted property?	
	_	Go to Part 6. Go to line 38	3.			
						Current value of the
						portion you own? Do not deduct secured
38.	Accoun	ts receivable	or commissions you	u already earned		claims or exemptions.
	□ No			•		
		. Describe r	milk produced and	d delivered to AMPI amour	nts vary	\$5,000.00
39.		es: Business-re	rnishings, and suppli related computers, sol airs, electronic devices	oftware, modems, printers, copiers	rs, fax machines, rugs, telephones,	
	✓ No ☐ Yes.	. Describe				
40.	Machine	∍ry, fixtures, €	equipment, supplies	s you use in business, and tools	s of your trade	
	✓ No ☐ Yes.	. Describe				
41.	Inventor	у				
	✓ No ☐ Yes.	. Describe				
42.	Interests	s in partnersh	hips or joint ventures	s		
	✓ No ☐ Yes.	. Describe	Name of entity:		% of ownership:	
43.	_		ng lists, or other con	mpilations		
	✓ No Yes.	☐ No	ts include personally	y identifiable information (as de	efined in 11 U.S.C. § 101(41A))?	
44.	Any bus	iness-related	d property you did no	ot already list		
	✓ No ☐ Yes.	. Give specific	c information.			
45.			•	s from Part 5, including any entr		\$5,000.00

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Deb	tor 1	Joshua First Name	P Middle Name	Dickmann Last Name	Case number (if known)	
Pa	art 6:	Describe Any	y Farm- and Co		nted Property You Own or Have a 1.	n Interest In.
46.	□ No	u own or have ar o. Go to Part 7. es. Go to line 47.	ny legal or equitab	le interest in any farm- or co	ommercial fishing-related property?	
47		animals				Current value of the portion you own? Do not deduct secured claims or exemptions.
41.			oultry, farm-raised f	ish		
	☐ No	s cattle:				\$188,350.00
		16 heifers	vs			
48.	Crops	either growing	or harvested			
		o es. Give specific ormation				
49.	Farm a	and fishing equip	oment, implements	s, machinery, fixtures, and to	ools of trade	
	□ No ✓ Ye		nuation page(s).			\$61,250.00
50.	Farm a	and fishing supp	lies, chemicals, ar	nd feed		
	☐ No		supplies (such	as udder wash, dip, santi	ifizing supplies, etc.)	\$200.00
51.	Any fa	rm- and commer	rcial fishing-relate	d property you did not alrea	dy list	
		o es. Give specific ormation				
52.				from Part 6, including any e	entries for pages you have	\$249,800.00
Pa	art 7:	Describe All	Property You (Own or Have an Interes	et in That You Did Not List Above	
53.			perty of any kind y ets, country club me	rou did not already list? embership		
	□ No		information			
		s. Give specific i rages earned b				\$400.00
54.	_			from Part 7. Write that num	nber here →	\$400.00

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Debtor 1	Joshua First Name	P Middle Name	Dickmann Last Name	Case nu	mber (if known)		
Part 8:	List the Tota	als of Each Part of	this Form				
55. Part 1	: Total real estat	e, line 2				→ _	\$342,400.00
56. Part 2	2: Total vehicles,	line 5	_	\$8,200.00			
57. Part 3	s: Total personal	and household items,	line 15	\$9,106.00			
58. Part 4	: Total financial	assets, line 36	_	\$38,154.39			
59. Part 5	i: Total business	-related property, line	45 <u> </u>	\$5,000.00			
60. Part 6	: Total farm- and	I fishing-related prope	rty, line 52	\$249,800.00			
61. Part 7	: Total other pro	perty not listed, line 54	+_	\$400.00			
62. Total	personal proper	ty. Add lines 56 through	gh 61	\$310,660.39	Copy personal property total	→ +_	\$310,660.39
63. Total	of all property or	n Schedule A/B. Add	I line 55 + line 62				\$653,060.39

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Deb	otor 1	Joshua First Name	P Middle Name	Dickmann Last Name	Case number (if known)	
6.			urnishings (details):	•		
					d \$250 for any particular item	\$4,500.00
			ıres, CDs, etc. of r	nominal value	-	\$100.00
7.		onics (details):				
	ordina	ary household e	electronics (TVs, c	ell phones, etc.)		\$500.00
	comp	uter, scanner, fa	ax machine, tube t	tv, cell phones, camera	-	\$500.00
9.	Equipr	ment for sports ar	nd hobbies (details):			
	golf c	lubs			-	\$25.00
	air rifl	es			-	\$10.00
10.	Firearr	ns (details):				
	Savag	ge .270 rifle			-	\$300.00
	CVAC	Optima muzzle-l	oader		-	\$150.00
	Remir	ngton 20 gauge	shotgun		-	\$150.00
12.	Jewelr	y (details):				
	weddi	ing rings			-	\$300.00
	diamo	ond earings, mis	sc. jewelry			\$50.00
13.	Non-fa	rm animals (deta	ils):			
	mixed	l breed dog				\$1.00
	llama					\$20.00
35.	Any fir	nancial assets yo	u did not already lis	t (details):		
	patro	nage refunds at	Centra Sota, Sun	rise Ag, and misc. other	small amounts	\$1.00
	patro	nage refunds at	AMPI (face value))		\$30,000.00
49.	Farm a	and fishing equip	ment, implements, n	nachinery, fixtures, and to	ols of trade (details):	
	John	Deere 2510				\$4,250.00
	Allis C	Chalmers 7020			_	\$4,000.00
	Penta	TMR, model 67	'20		_	\$20,000.00
	H & S	manure spread	ler		_	\$15,000.00
	misc.	small tools (we	lder, air compress	sor, wrenches and othe	r hand toolds, misc. items	\$3,000.00
	bulk t	ank, milking eq	uipoment		_	\$15,000.00

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Fill in this inf	ormation to i	dentify your case	:	
Debtor 1	Joshua First Name	P Middle Name	Dickmann Last Name	
Debtor 2	Linda	J	Dickmann	
(Spouse, if filing) United States Bar		Middle Name or the: DISTRICT OF	Last Name MINNESOTA	
Case number	mapley Country	<u> </u>		
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	, the	Property	You	Claim	as	Exem	nt
ı aıt ı.	iuciiii y	, uic	IIODCIL	ıou	Ciaiiii	as	-Veiii	IJι

1. 2.	Which set of exemptions are you claiming? You are claiming state and federal nonban You are claiming federal exemptions. 11 to For any property you list on Schedule A/B th	J.S.C. § 522(b)(2)	1 U.S.C. § 52	22(b)(3)	,
	f description of the property and line on edule A/B that lists this property	Current value of the portion you own	Amount of the exemption y		Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only o each exempt		
79.9 Sou Sec Moi Par	f description: 94 acres 1th Half of the Northeast Quarter of 1tion 24, Township 41, Range 31, 1rison County, Minnesota 1cel: 02.0215.000 1from Schedule A/B:	\$233,800.00	100% of value, u	f fair market ip to any ble statutory	Minn. Stat. §§ 510.01, 510.02

3.	Are you claiming a homestead exemption of more than \$160,375?
	(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

⊘ No

Yes.	Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
	No
	Yes

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Dickmann Debtor 1 Joshua Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$108,600.00 \$24,420.98 Minn. Stat. §§ 510.01, 510.02 \square 5 acres 100% of fair market THe Northeast Quarter of the Southeast value, up to any Quarter of Section 24, Township 41, Range applicable statutory 31, Morrison County, Minnesota limit Parcel: 02.0221.000 Line from Schedule A/B: Minn. Stat. § 550.37(12)(a) Brief description: \$3,000.00 \$3,000.00 \square 2004 GMC Yukon (approx. 175000 miles) 100% of fair market value, up to any Line from Schedule A/B: 3.1 applicable statutory limit Brief description: Minn. Stat. § 550.37(12)(a) \$500.00 \$500.00 \square 1990 Ford F250 (approx. 130000 miles) 100% of fair market value, up to any Line from Schedule A/B: 3.2 applicable statutory limit Brief description: \$4,500.00 \$4,500.00 Minn. Stat. § 550.37(4)(b) \square ordinary household goods, the value of 100% of fair market which does not exceed \$250 for any value, up to any particular item applicable statutory limit Line from Schedule A/B: Brief description: \$100.00 \$100.00 Minn. Stat. § 550.37(4)(a) \square ordinary books, pictures, CDs, etc. of 100% of fair market nominal value value, up to any applicable statutory Line from Schedule A/B: 6 limit Brief description: \$500.00 \$500.00 Minn. Stat. § 550.37(4)(b) \square ordinary household electronics (TVs, cell 100% of fair market phones, etc.) value, up to any applicable statutory Line from Schedule A/B: 7 limit Brief description: \$500.00 \$500.00 Minn. Stat. § 550.37(4)(b) \square computer, scanner, fax machine, tube tv, 100% of fair market cell phones, camera value, up to any Line from Schedule A/B: 7 applicable statutory limit Brief description: \$2,500.00 \$2,500.00 Minn. Stat. § 550.37(4)(a) $\overline{\mathbf{Q}}$ ordinary clothing 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit

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Dickmann Debtor 1 Joshua Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$300.00 \$300.00 Minn. Stat. § 550.37(4)(c) \square wedding rings 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: \$50.00 Minn. Stat. § 550.37(4)(b) \$50.00 \square diamond earings, misc. jewelry 100% of fair market П value, up to any Line from Schedule A/B: 12 applicable statutory limit \$1.00 Brief description: Minn. Stat. § 550.37(4)(b) \$1.00 \checkmark mixed breed dog 100% of fair market value, up to any Line from Schedule A/B: 13 applicable statutory limit Brief description: \$20.00 \$20.00 Minn. Stat. § 550.37(4)(b) \square llama 100% of fair market value, up to any Line from Schedule A/B: 13 applicable statutory limit Minn. Stat. § 550.37(14) Brief description: \$10.00 \$10.00 \square nominal cash on hand 100% of fair market value, up to any Line from Schedule A/B: 16 applicable statutory limit Brief description: \$2.04 \square \$2.04 Minn. Stat. § 550.37(24) banking account # 6672 at Pine Country 100% of fair market Bank value, up to any applicable statutory Line from Schedule A/B: 17.1 limit Brief description: \$385.25 \$385.25 Minn. Stat. § 550.37(14) \square banking account #8803 at Pine Country 100% of fair market value, up to any applicable statutory Line from Schedule A/B: 17.2 limit Brief description: \$1.00 \$1.00 Minn. Stat. § 550.37(5) \square self employed dairy farming 100% of fair market value, up to any Line from Schedule A/B: 19 applicable statutory limit Brief description: \$826.84 Minn. Stat. § 550.37(24) \$826.84 $\overline{\mathbf{Q}}$ **Roth IRA through American Funds** 100% of fair market П value, up to any Line from Schedule A/B: 21 applicable statutory limit

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Dickmann Debtor 1 Joshua Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$928.26 \$928.26 Minn. Stat. § 550.37(24) \square **Roth IRA through Putnam Investments** 100% of fair market value, up to any Line from Schedule A/B: 21 applicable statutory limit Brief description: \$3,000.00 Minn. Stat. § 550.37(14) \$3,000.00 \square Possible future tax refund (EIC) 100% of fair market П value, up to any Line from Schedule A/B: 28 applicable statutory limit Brief description: \$500.00 Minn. Stat. § 550.37(14) \$500.00 \square Possible future tax refund (Working Family 100% of fair market Credit) value, up to any applicable statutory Line from Schedule A/B: 28 limit Brief description: \$1,000.00 \$1,000.00 Minn. Stat. § 550.37(23) \square life insurance on daughters (est) 100% of fair market value, up to any Line from Schedule A/B: 31 applicable statutory limit Minn. Stat. § 550.37(14) Brief description: \$5,000.00 \$5,000.00 $\overline{\mathbf{Q}}$ milk produced and delivered to AMPI --100% of fair market amounts vary value, up to any applicable statutory Line from Schedule A/B: 38 limit Brief description: \$188,350.00 \square \$1.00 Minn. Stat. § 550.37(5) cattle: 100% of fair market value, up to any 95 milking cows applicable statutory limit 17 dry cows 15 springing heifers 35 breediing age heifers 16 heifers 6-12 months 25 heifers 3-6 months 10 calves Line from Schedule A/B: Brief description: \$4,250.00 \$4,250.00 Minn. Stat. § 550.37(5) \square John Deere 2510 100% of fair market П value, up to any Line from Schedule A/B: 49 applicable statutory limit Brief description: \$4.000.00 Minn. Stat. § 550.37(5) \$4,000.00 \square Allis Chalmers 7020 100% of fair market value, up to any Line from Schedule A/B: 49 applicable statutory limit

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Debtor 1	Joshua First Name	P Middle Name	Dickmann Last Name		Case number	r (if known)
Part 2:	Additional	Page				
	cription of the pro	pperty and line on s property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		eck only one box for h exemption	
Brief desci	ription: IR, model 6720		\$20,000.00	☑	\$1.00 100% of fair market	Minn. Stat. § 550.37(5)
Line from S	Schedule A/B:	49			value, up to any applicable statutory limit	
Brief desci	ription:		\$15,000.00		\$1.00 100% of fair market	Minn. Stat. § 550.37(5)
Line from S	Schedule A/B:	49			value, up to any applicable statutory limit	
wrenches items	all tools (welde s and other han	er, air compressor, nd toolds, misc.	\$3,000.00		\$1.00 100% of fair market value, up to any applicable statutory limit	Minn. Stat. § 550.37(5)
Brief desci	ription:	oment	\$15,000.00	☑	\$1.00 100% of fair market	Minn. Stat. § 550.37(5)
		49		Ц	value, up to any applicable statutory limit	
dip, sant	m supplies (sud ifizing supplies	ch as udder wash, , etc.) 50	\$200.00		\$1.00 100% of fair market value, up to any applicable statutory limit	Minn. Stat. § 550.37(5)
Brief desci	ription: arned but not pa	aid	\$400.00	Ø	\$400.00 100% of fair market	Minn. Stat. § 550.37(14)
•	•	53		Ц	value, up to any applicable statutory	

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Fill in this info	ormation to iden	tify your case:	Dickmann			
Debior	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	Linda First Name	J Middle Name	Dickmann Last Name			
United States Bar	nkruptcy Court for the:	DISTRICT OF M	INNESOTA			
Case number					Charlettable	
(if known)					Check if this is amended filing	
Official Form	106D					
		o Have Clair	ns Secured by	Property		12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims						
claim, list the creditor has a	claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the Column A Column B Value of collateral that supports this portion Column B Value of collateral that supports this					
2.1		Describe the p	•	\$17,000.00	\$20,000.00	
Assoc Milk Prod	lucers Inc.	— Penta TMR, n		· , ,	· ,	
PO Box 455		<u> </u>				
Number Street						
Check if this c	Debtor 2 only the debtors and anoth claim relates ty debt	Contingent Unliquidate Disputed Nature of lien. An agreement Statutory lie Judgment I	Check all that apply. ent you made (such as en (such as tax lien, me ien from a lawsuit uding a right to offset)	mortgage or secured	car loan)	
Date debt was inc	urred <u>2013</u>	Last 4 digits of	f account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$17,000.00

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Debtor 1	Joshua	Р	Dickmann	Case number (if	known)			
	First Name	Middle Nar	me Last Name					
Part 1:	•	•	this page, number them ous page.	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
2.2			Describe the property that secures the claim:	\$13,000.00	\$3,500.00	\$9,500.00		
Bank Of America Creditor's name PO Box 21846 Number Street			2005 Crestliner 1650 Sportfish, with 75 hp Yamaha					
Debtor Debtor Debtor At least Check to a co Date debt v	State the debt? Che 1 only 2 only 1 and Debtor 2 t one of the deb if this claim re mmunity debt was incurred County Audit	only tors and another lates 2005	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, musure) Judgment lien from a lawsuit Other (including a right to offset) loan Last 4 digits of account number Describe the property that secures the claim: 79.94 acres	s mortgage or secured	car loan)	\$2,888.73		
Little Falls City Who owes Debtor Debtor At least to a co	s MN State the debt? Che 1 only 2 only 1 and Debtor 2	only tors and another	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Y Statutory lien (such as tax lien, my Judgment lien from a lawsuit Other (including a right to offset) Taxes Last 4 digits of account number	s mortgage or secured	car loan)			
Date dept V	was iliculted		Last 4 digits of account number					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$15,888.73

re: 80 acres of land

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Debtor 1	Joshua	Р	Dickmann	_ Case number (if	known)			
	First Name	Middle Na	me Last Name					
Part 1:		_	this page, number them ous page.	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
2.4			Describe the property that secures the claim:	\$84,179.02	\$108,600.00			
Creditor's nar			real estate					
Irvine City	CA State	92619-5004 ZIP Code	As of the date you file, the claim is: Contingent Unliquidated Disputed	Check all that apply.				
Who owes the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Nature of lien. Check all that apply. ✓ An agreement you made (such as mortgage or secured car loan) ─ Statutory lien (such as tax lien, mechanic's lien) ─ Judgment lien from a lawsuit					
	if this claim re ommunity debt	lates	Mortgage					
Date debt	was incurred		Last 4 digits of account number					
2.5			Describe the property that secures the claim:	\$287,716.00	\$233,800.00	\$53,916.00		
	ed Servicing (Street	Center	farm					
			As of the date you file, the claim is:	Check all that apply.				
St Louis City	MO State		☐ Contingent☐ Unliquidated☐ Disputed☐					
Debtor Debtor Debtor At leas	2 only 1 and Debtor 2 at one of the deb	only tors and another	Nature of lien. Check all that apply. ✓ An agreement you made (such as ─ Statutory lien (such as tax lien, m ─ Judgment lien from a lawsuit ✓ Other (including a right to offset)		car loan)			
	if this claim re ommunity debt	iatės	loan					
Date debt	was incurred		Last 4 digits of account number					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$371,895.02

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Debtor 1	Joshua	Р	Dickmann	Case number (if	known)	
	First Name	Middle Nar	ne Last Name		,	
Part 1:	•	•	his page, number them ous page.	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.6			Describe the property that secures the claim:	\$205,909.00	\$249,800.00	
USDA Creditor's name Centralized Servicing Center Number Street PO Box 66879			farm animals and equipment			
Debtor Debtor Debtor At leas	State the debt? Chect 1 only 2 only 1 and Debtor 2 on tone of the debtor.	nly rs and another	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, musuld sudgment lien from a lawsuit) Other (including a right to offset)	s mortgage or secured	car loan)	
ш	if this claim rela mmunity debt	tes	loan			
Date debt	was incurred		Last 4 digits of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$205,909.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$610,692.75

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Debtor 1	Joshua First Name	P Middle Name		Dickmann Last Name	Case number (if known)	
Part 2:	List Other	s to Be Notified for	r a l	Debt That Yoເ	ı Already Listed	
example, then list t	if a collection age he collection age Iditional creditors	ency is trying to collect ncy here. Similarly, if y	t fro you	m you for a debt have more than	uptcy for a debt that you already listed in Part 1. For you owe to someone else, list the creditor in Part 1, and one creditor for any of the debts that you listed in Part 1, s to be notified for any debts in Part 1, do not fill out or	
Na 30 No	S Attorney ame 00 Fourth St S umber Street				On which line in Part 1 did you enter the creditor? Last 4 digits of account number	2.5
_	00 US Court Ho	use M	N	55415	- -	
2 U	SDA FSA	Sta	ate	ZIP Code	On which line in Part 1 did you enter the creditor?	2.5
S No	ame tate Office umber Street 75 Jackson Stre	eet, Suite 400			Last 4 digits of account number	-
<u>s</u>	t Paul MN 5510	1 55101				
Ci	ity	Sta	ate	ZIP Code	_	

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claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Nonpriority amount 2.1 \$7,000.00 \$7,000.00 \$0.00 Internal Revenue Service Priority Creditor's Name PO Box 7346 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	Fill in this info	ormation to ide	ontify your c	350.			
Debtor 2 Check if this is an amended filing First Name Modile Name Last Name Dickmann		ormation to lu		45c.			
Debtor 2 (Spouse, If filing) First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF MINNESOTA Case number (If Known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB-7 Property (Official Form 106B) and on Schedule 6: Executory Contracts and Desprée Leases (Official Form 106B) and on Schedule 6: Executory Contracts and Desprée Leases (Official Form 106B) to not include any creditors with partially secured claims that are listed in Schedule 5: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, lift to ut, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 31: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, last that claim here and show both priority unsecured claims. How the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed to priority unsecured claims, lift out the Continuation Page of Part 1. If more than one creditor holds a particular claim. Is the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in t	Debtor 1						
Case number (if kings) First Name Mode Name Last Name		riistivame	Middle Name	Last Name			
United States Bankruptcy Court for the: DISTRICT OF MINNESOTA Case number ((If known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NOMPRIORITY claims. List the other party to any executory contracts on Schedule AB: Property (Official Form 106A)B) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106B). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who 10d Claims Secured by Property. If more space is needed, copy the Part you need, fill if out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (If known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim isted, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority Nonpriority amount Nonpriority Street When was the debt incurred? Very State ZiP Code Who incurred the debt? Check if this is an amended filing Check if this is an amended filing Check if this is an almost the creditor's with NOMPRIORITY unsecured claims. Contingent Uniform the priority and continuation of each type of PRIORITY unsecured claim: Domestic Incurred the debt? Check if thi							
Case number ((if known) Check if this is an amended filing Check if this is an an amended filing Check if this is an adaptation of redding amended filing and the filing and this characteristic and community while you were intoxicated Check one. Check if this chain is for a community debt Check one Check if this chain is for a community debt Check if this chain is for a community debt Check one Check if this chain is for a communit	(Spouse, it filing)	First Name	Middle Name	Last Name			
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule ABP: Property (Official Form 106A) and the property of the original pages, write your name and case and Unexpired two Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Ves. 2. List all of your priority unsecured claims aspainst you? No. Go to Part 2. Ves. 2. List all of your priority unsecured claims aspainst you? No. Go to Part 2. Ves. 2. List all of your priority unsecured claims aspainst you? No. Go to Part 2. Ves. 3. List the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts. It more than one creditor holds a particular claim. If it out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Philiadelphia PA 19101-7346 Nomber Street As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Object 1 and Debtor 2 only At least one of the debtors and another Check if this isclaim is for a communit	United States Bar	nkruptcy Court for t	the: DISTRICT	OF MINNESOTA			
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or schedule of: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule O: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes.						Check if this is a	an
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? Yes.	(if known)				_		
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AB) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2.	Official Form	106E/F			'		
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AB) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2.	Schedule F/	F: Creditors	Who Have	Unsecured Claims			12/15
1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. Yes. Yes. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim	claims. List the of on Schedule A/B: Do not include any If more space is no to this page. On the	ther party to any of Property (Official y creditors with population eeded, copy the Foundation he top of any add	executory contra Form 106A/B) a artially secured Part you need, fi itional pages, w	acts or unexpired leases that coul and on Schedule G: Executory Colclaims that are listed in Schedule II it out, number the entries in the rite your name and case number (d result in a claim. <i>I</i> ntracts and Unexpire D: Creditors Who H boxes on the left. At	Also list executory d Leases (Officia old Claims Secure	y contracts I Form 106G). ed by Property.
No. Go to Part 2. Yes.							
Z. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Nonpriority amount Priority amount Stroet Last 4 digits of account number When was the debt incurred? 2011 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 2 only At least one of the debtors and another Individual and the claim subject to offset? No	-		unsecured clain	ns against you?			
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one priority amounts. As much as possible, list the claim is read according to the creditor's name. If more space is needed for priority unsecured claims. Continuation Priority Nonpriority Nonpriori	ш	o Part 2.					
claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Nonpriority amount \$7,000.00 \$7,000.00 \$0.00 Internal Revenue Service Priority Creditor's Name PO Box 7346 Number Street As of the date you file, the claim is: Check all that apply. Contingent Uniliquidated Disputed Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Claims for death or personal injury while you were intoxicated Other. Specify Is the claim subject to offset? No	✓ Yes.						
State Stat	claim. For each show both price more space is claim, list the	ch claim listed, idea ority and nonpriority needed for priority other creditors in P	ntify what type of amounts. As m unsecured clain art 3.	claim it is. If a claim has both priori such as possible, list the claims in al ns, fill out the Continuation Page of I	ty and nonpriority amount of the phabetical order accorate 1. If more than our or the process of	ounts, list that clair rding to the credito ne creditor holds a	m here and or's name. If a particular
Internal Revenue Service Priority Creditor's Name PO Box 7346 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes						amount	amount
Internal Revenue Service Priority Creditor's Name PO Box 7346 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? I cast 4 digits of account number When was the debt incurred? 2011 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Demestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	2.1				\$7,000,00	\$7,000,00	\$0.00
Contingent Con	L Internal Revenue	a Sarvica			Ψ1,000.00	Ψ1,000.00	Ψ0.00
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed				Last 4 digits of account number			
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt ls the claim subject to offset? No Yes				When was the debt incurred?	2011		
Philadelphia PA 19101-7346 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No Yes □ Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated □ Other. Specify	Number Street						
Philadelphia PA 19101-7346 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No Yes □ No State ZIP Code □ Unliquidated Disputed □ Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify					is: Check all that app	ly.	
Yes	Who incurred the comparison of	State Z debt? Check or Debtor 2 only the debtors and ar	ZIP Code ne. nother	Unliquidated Disputed Type of PRIORITY unsecured cla Domestic support obligations Taxes and certain other debts Claims for death or personal in intoxicated	you owe the governm	ent	
	Yes	2011/2012					

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Debtor 1	Joshua		P	Dickmann	Case number (if known)	
	First Name	I	Middle Name	Last Name		
D 40						
Part 2:	LIST All	of Your	NONPRIORII	Y Unsecured Claim	is	
3. Do ar	ny creditors ha	ve nonpr	iority unsecured	claims against you?		
П 1	No. You have r	nothing to	report in this part	. Submit this form to the	court with you other schedules.	
	Yes				•	
4. List a	ıll of vour nonı	oriority ur	nsecured claims	in the alphabetical orde	er of the creditor who holds each claim.	
		-		•	itor separately for each claim. For each claim liste	ed, identify what
			•		han one creditor holds a particular claim, list the c	other creditors in
Рап 3	s. If more spac	e is neede	ea for nonpriority (insecured claims, fill out	the Continuation Page of Part 2.	
						Total claim
4.1						\$1,295.00
	Credit Servi	ces		_ Last 4 digits of accor	unt number	
PO Box 7	Creditor's Name			When was the debt in	ncurred?	
Number	Street			As of the date you fil	e, the claim is: Check all that apply.	
				_ ☐ Contingent ☐ Unliquidated		
				Disputed		
Rocheste	er	MN State	55903-7739 ZIP Code	-		
	red the debt?	Check		Type of NONPRIORIT	Y unsecured claim:	
	r 1 only			Student loans Obligations arising	g out of a separation agreement or divorce	
-	r 2 only	2 1 -			port as priority claims	
7	r 1 and Debtor 2 st one of the de	-	another		or profit-sharing plans, and other similar debts	
	if this claim is			Other. Specify Collection		
_	m subject to o			Collection		
√ No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Yes						
re: U of N	И					
4.2						\$7,696.11
Americar	n Express			Last 4 digits of accou	unt number	Ψ7,030.11
Nonpriority C	Creditor's Name			When was the debt in		
P O Box 9	981540 Street			As of the date you fil	e, the claim is: Check all that apply.	
				_ Contingent	,	
				Unliquidated		
El Paso		TX	79998-1540	_ ☐ Disputed		
City		State	ZIP Code	Type of NONPRIORIT	TY unsecured claim:	
	red the debt? r 1 only	Check	one.	☐ Student loans		
	r 2 only				g out of a separation agreement or divorce	
	r 1 and Debtor 2				port as priority claims or profit-sharing plans, and other similar debts	
☐ At leas	st one of the de			Other. Specify	Francisco Grand Strain Strain Goding	
	t if this claim is		mmunity debt	Credit Card		
	m subject to o	ffset?				
✓ No ☐ Yes						
□						

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Debtor 1	Joshua		P	Dickmann	Case number (if known)	
	First Name		Middle Name	Last Name		
Part 2:	Your NON	IPRIO	RITY Unsecu	red Claims Continu	ation Page	
After listing previous p	•	n this p	age, number the	m sequentially from the		Total claim
4.3						\$206.63
	nsulting Inc			_ Last 4 digits of accoun	t number	
	Creditor's Name hnology Dr NE	Ste 1	30	When was the debt inc	urred?	
Number	Street			As of the date you file,	the claim is: Check all that apply.	
				☐ Contingent ☐ Unliquidated		
				Disputed		
Willmar City		MN State	56201 ZIP Code			
•	rred the debt?	Check		Type of NONPRIORITY Student loans	unsecured claim:	
	r 1 only				out of a separation agreement or divorce	
≒ ~	r 2 only r 1 and Debtor 2 o	only		that you did not repo		
	st one of the debt	•	another	=	profit-sharing plans, and other similar debts	
—	t if this claim is f					
_	m subject to offs		•	OCI VICCS		
✓ No ☐ Yes	•					
4.4						\$892.51
Capital C	One Creditor's Name			_ Last 4 digits of accoun	t number	
P O Box				When was the debt inc	urred?	
Number	Street				the claim is: Check all that apply.	
				_ ☐ Contingent ☐ Unliquidated		
				Disputed		
Salt Lake	e City	UT State	84130-0285 ZIP Code		and a second of a later	
•	rred the debt?	Check		Type of NONPRIORITY Student loans	unsecured claim:	
ш	r 1 only				out of a separation agreement or divorce	
	r 2 only	only		that you did not repo		
	r 1 and Debtor 2 of st one of the debt		another		profit-sharing plans, and other similar debts	
ш	cif this claim is f					
_	m subject to offs		y dobt	Credit Card		
✓ No ☐ Yes	Judgot to olie					

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Debtor 1	Joshua	<u>P</u>	Dickmann Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsec	ured Claims Continuation Page	
After listin	ng any entries o	on this page, number th	nem sequentially from the	
previous		m ano pago, nambor a	ioni coquomiany nom inc	Total claim
	J			
4.5				\$181,209.36
	ota - Little Fal	ls	Last 4 digits of account number	
303 NE 6	Creditor's Name th St		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			Unliquidated	
Little Fal	ls	MN 56345	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	rred the debt?	Check one.	☐ Student loans	
□ ~	r 1 only r 2 only		Obligations arising out of a separation agreement or divorce	
<u> </u>	r 1 and Debtor 2	only	that you did not report as priority claims	
<u>-</u>		otors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check	cif this claim is	for a community debt	Other. Specify Merchandise	
_	m subject to of		Wei Chandise	
✓ No	in subject to on			
Yes				
	on of judgmei	nt		
4.6				<u>\$529.56</u>
	are Clinic		Last 4 digits of account number	
1200 6th	Creditor's Name Ave N		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			☐ Unliquidated ☐ Disputed	
St Cloud		MN 56303-2736	Disputed	
City	141 1140	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	rred the debt? r 1 only	Check one.	☐ Student loans	
	r 2 only		Obligations arising out of a separation agreement or divorce	
_	r 1 and Debtor 2	only	that you did not report as priority claims	
ست		otors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check	tif this claim is	for a community debt	✓ Other. Specify Medical	
Is the clai	m subject to of	fset?		
√ No	-			
Yes				

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Debtor 1	Joshua First Name	P Middle Name	Dickmann Last Name	Case number (if known)	
		Midule Name	Last Name		
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Continu	uation Page	
After listing previous	-	on this page, number the	em sequentially from the		Total claim
4.7					\$3,020.99
Centre D	Dairy Equipme	nt	Last 4 digits of accour	nt number	
	Creditor's Name		When was the debt inc	curred?	
Number	Street		As of the date you file	the claim is: Check all that apply.	
			Contingent Unliquidated		
Sauk Ce	ntre	MN 56378	Disputed		
Debto	rred the debt? or 1 only or 2 only or 1 and Debtor 2	State ZIP Code Check one.	that you did not rep	out of a separation agreement or divorce or as priority claims	
<u>-</u>		otors and another		profit-sharing plans, and other similar debts	
Chec	k if this claim is	for a community debt	Merchandise		
Is the clai	im subject to of	fset?			
4.8					\$86.53
	Unlimited		Last 4 digits of accour	nt number <u>7 2 1 5</u>	
PO Box	Creditor's Name		When was the debt inc	curred?	
Number	Street		As of the date you file	the claim is: Check all that apply.	
			Contingent Unliquidated		
			Disputed		
Colorado	o Springs	CO 80935 State ZIP Code		Companyon di alaimo	
•	rred the debt?	Check one.	Type of NONPRIORITY Student loans	unsecured claim:	
	or 1 only			out of a separation agreement or divorce	
-	or 2 only or 1 and Debtor 2	only	that you did not rep	ort as priority claims	
ш		otors and another	= ~,	profit-sharing plans, and other similar debts	
	k if this claim is	for a community debt	Other. Specify Merchandise		
	im subject to of				
✓ No ☐ Yes					
4.9					\$973.10
	on Bureau Of L Creditor's Name	ittle Falls Inc	Last 4 digits of accour		
	St SE Ste 2		When was the debt inc	curred?	
Number P O Box	Street		<u> </u>	the claim is: Check all that apply.	
1 0 000	240				
			Disputed		
Little Fal	lis	MN 56345-0246 State ZIP Code	Type of NONPRIORIT	unsecured claim:	
Who incu	rred the debt?	Check one.	Student loans	unsecureu ciann.	
=	or 1 only			out of a separation agreement or divorce	
<u>-</u>	or 2 only or 1 and Debtor 2	only	•	ort as priority claims	
_		otors and another	= ~, ~ , ,	profit-sharing plans, and other similar debts	
Chec	k if this claim is	for a community debt	Collection		
Is the clai	im subject to of	fset?			
✓ No ☐ Yes					

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Debtor 1	Joshua	P	Dickmann Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecu	ured Claims Continuation Page	
	• .	on this page, number the	em sequentially from the	Total claim
previous	page.			rotar orann
4.10				\$6,672.96
Collectio	n Resources		Last 4 digits of account number	Ψ0,072.30
	Creditor's Name		<u> </u>	
PO Box 2			When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			☐ Unliquidated ☐ Disputed	
St Cloud		MN 56302-2270	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	rred the debt?	Check one.	☐ Student loans	
= 5.1	r 1 only		Obligations arising out of a separation agreement or divorce	
	r 2 only r 1 and Debtor 2	only	that you did not report as priority claims	
ت ا		otors and another	Debts to pension or profit-sharing plans, and other similar debts	
_			✓ Other. Specify	
_		for a community debt	Collection	
	m subject to of	rset?		
✓ No ☐ Yes				
	Vat Olimia 9 I	M Campanias		
re: Pierz	vet Clinic & J	M Companies		
4.11				\$1,898.52
Como La	w Firm		Last 4 digits of account number	
	Creditor's Name		When was the debt incurred?	
PO Box 1				
Number	Street		As of the date you file, the claim is: Check all that apply.	
			☐ Unliquidated ☐ Disputed	
St Paul		MN 55113-0006		
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	rred the debt?	Check one.	☐ Student loans	
=	r 1 only r 2 only		Obligations arising out of a separation agreement or divorce	
ш	r 1 and Debtor 2	only	that you did not report as priority claims	
ستا		otors and another	Debts to pension or profit-sharing plans, and other similar debts	
ш		for a community debt	Other. Specify	
_		-	Collection	
No No	m subject to of	1961 (
Yes				
re: Pierz	Family Dentis	stry		

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Debtor 1	Joshua	P	Dickmann	Case number (if known)		
	First Name	Middle Name	Last Name			
Part 2:	Your NON	PRIORITY Unsecu	ıred Claims Contin	uation Page		
After listing previous	• •	this page, number the	em sequentially from the		Total claim	
4.12					\$443.87	
Convergent			Last 4 digits of account number			
Nonpriority Creditor's Name PO Box 9004			When was the debt incurred?			
Number Street			As of the date you file	, the claim is: Check all that apply.		
			Contingent			
			Unliquidated Disputed			
Renton		WA 98057-9004				
City State ZIP Code Who incurred the debt? Check one.			Type of NONPRIORITY unsecured claim:			
Debtor 1 only			Student loans Obligations spiriture and a consenting agreement and it conse			
Debtor 2 only			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 			
Debtor 1 and Debtor 2 only			Debts to pension or profit-sharing plans, and other similar debts			
	st one of the debto		Other. Specify			
_		or a community debt	Collection			
— N.	m subject to offse	et?				
✓ No ☐ Yes						
re: Direc	TV					
4.13					¢4 450 22	
Crow Wing Power			Last 4 digits of accour	ot number	\$1,459.23	
	Creditor's Name		When was the debt inc	 		
PO Box			As of the date you file, the claim is: Check all that apply.			
Number Street			Contingent	, the Claim is. Check an that apply.		
			Unliquidated			
Drainard	1	MN 56404	Disputed			
Brainerd City		MN 56401 State ZIP Code	Type of NONPRIORITY	/ unsecured claim:		
Who incu	rred the debt?	Check one.	Student loans	anocoured ordini.		
Debtor 1 only			Obligations arising out of a separation agreement or divorce			
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			·	that you did not report as priority claims		
At least one of the debtors and another			=	Debts to pension or profit-sharing plans, and other similar debts		
Check if this claim is for a community debt			Other. Specify utilities	utilities		
_	m subject to offse	•	dillidos			
✓ No	•					
Yes						

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Debtor 1 Joshua Dickmann Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the Total claim previous page. 4.14 \$921.82 **CTC** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P O Box 972 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed **Brainerd** MN 56401 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{A}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Services Is the claim subject to offset? **☑** No Yes 4.15 \$4.139.54 **Dairyland Supply** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 40563 St Hwy 28 As of the date you file, the claim is: Check all that apply. Number ☐ Contingent Unliquidated Disputed Sauk Centre MN 56378 State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only ablaDebts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Merchandise Is the claim subject to offset? No $\overline{\mathbf{Q}}$ Yes 4.16 \$4,599.52 Last 4 digits of account number Dales Farm Repair Nonpriority Creditor's Name When was the debt incurred? 14028 Hwy 25 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Pierz MN 56364 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Services** Is the claim subject to offset? **▼** No Yes

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Debtor 1	Joshua	P)	Dickmann Case number (if known)	
	First Name	N	liddle Name	Last Name	
	_				
Part 2:	Your NON	IPRIOR	RITY Unsecu	ured Claims Continuation Page	
A 64 11 41				3.0.4	
	• •	tnis pa	ge, number th	em sequentially from the	Total claim
previous	page.				
4.17					\$4,879.96
Elanco A	nimal Health			Last 4 digits of account number	
Nonpriority (Creditor's Name	_		When was the debt incurred?	
622 Eme Number	rson Rd Ste 15 Street	0		As of the date you file, the claim is: Check all that apply.	
Number	Street			Contingent	
				☐ Unliquidated	
	_			— ☐ Disputed	
Saint Lo	uis	MO State	63141 ZIP Code	_	
City Who incu	rred the debt?	Check c		Type of NONPRIORITY unsecured claim:	
	r 1 only	000		Student loans	
ш	r 2 only			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<u> </u>	r 1 and Debtor 2 o	•		Debts to pension or profit-sharing plans, and other similar debts	
At leas	st one of the debto	ors and a	another	Other. Specify	
☐ Check	k if this claim is f	or a con	nmunity debt	Services	
Is the clai	m subject to offs	et?			
☑ No					
Yes					
140					
4.18					\$6,680.86
	e Equipment In	С		Last 4 digits of account number	
Box 26	Creditor's Name			When was the debt incurred?	
Number	Street			As of the date you file, the claim is: Check all that apply.	
				Contingent	
				Unliquidated	
Dassel		MN	55325	Disputed	
City		State	ZIP Code	Type of NONPRIORITY unsecured claim:	
	rred the debt?	Check of	one.	Student loans	
= 5.1	r 1 only			Obligations arising out of a separation agreement or divorce	
= 5.1	r 2 only	ndy.		that you did not report as priority claims	
<u> </u>	r 1 and Debtor 2 o st one of the debto	-	another	Debts to pension or profit-sharing plans, and other similar debts	
ш				Other. Specify	
ш	k if this claim is f		illuriity debt	Merchandise	
	m subject to offs	et?			
☑ No □ Yes					
Yes					

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Debtor 1	Joshua First Name	Middle Name	Dickmann Case number (if known)	
5 10	- v			
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Continuation Page	
After listin previous p	•	on this page, number the	m sequentially from the	Total claim
4.19				\$250,000.00
Gall Farm			Last 4 digits of account number	,
Nonpriority C 5332 260 1	Creditor's Name		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ ☐ Contingent ☐ Unliquidated	
			Disputed	
Royalton ^{City}	<u> </u>	MN 56373 State ZIP Code		
,	red the debt?	Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor	r 2 only		that you did not report as priority claims	
_ ^	r 1 and Debtor 2	only and another	Debts to pension or profit-sharing plans, and other similar debts	
ш		for a community debt	☑ Other. Specify	
_	m subject to of		Cow purchase	
No No	in subject to or	iset:		
Yes				
_ cow purc	hase			
4.00				
4.20				\$7,500.82
Gurstel C			Last 4 digits of account number	
	Creditor's Name untry Club Dr		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ ☐ Contingent ☐ Unliquidated	
			☐ Unliquidated ☐ Disputed	
Golden V	/alley	MN 55427-4601		
City Who incur	red the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only	Oncok onc.	Student loans	
Debtor			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor	r 1 and Debtor 2	•	Debts to pension or profit-sharing plans, and other similar debts	
At leas	st one of the deb	otors and another	Other. Specify	
☐ Check	if this claim is	for a community debt	Judgment	
	m subject to of	fset?		
✓ No				
Yes				

re: Discover Bank, 49-CV-10-431

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Part 2: Your NONPRIORITY Unsecured Claims Continuation Page After listing any entries on this page, number them sequentially from the previous page. 4.21 Gurstel Chargo Nonpriority Creditor's Name 6681 Country Club Dr Number Street Golden Valley MN 55427-4601 City State ZIP Code Type of NONPRIORITY unsecured claim: When was the debt: Check one. Total claim Total claim *\$6,713.11 *\$6,713.11 *\$Continuation Page Total claim *\$6,713.11 *\$70 As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim:	Debtor 1	Joshua	P	Dickmann	Case number (if known)						
After listing any entries on this page, number them sequentially from the previous page. 4.21 Sequentially from the previous page. 4.21 Sequentially from the previous page. \$6,713.11 \$6,713.11 Last 4 digits of account number When was the debt incurred? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:		First Name	Middle Name	Last Name							
## Total claim 4.21	Part 2:	Your NO	IPRIORITY Unsecu	ured Claims Continu	uation Page						
Gurstel Chargo Nonpriority Creditor's Name 6681 Country Club Dr Number Street Golden Valley MN 55427-4601 City State ZIP Code Who incurred the debt? Check one		•	n this page, number the	em sequentially from the		Total claim					
Nonpriority Creditor's Name 6681 Country Club Dr Number Street Golden Valley MN 55427-4601 City State ZIP Code Check one When was the debt incurred? As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Type of NONPRIORITY unsecured claim:	4.21					\$6,713.11					
6681 Country Club Dr Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed City State ZIP Code Type of NONPRIORITY unsecured claim:				Last 4 digits of accour	t number						
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed City State ZIP Code Type of NONPRIORITY unsecured claim:				When was the debt inc	urred?						
Golden Valley City State ZIP Code Who incurred the debt? Check one Unliquidated Disputed Type of NONPRIORITY unsecured claim:				As of the date you file,	the claim is: Check all that apply.						
Golden Valley MN 55427-4601 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one											
Golden Valley City State State State Check one Type of NONPRIORITY unsecured claim:				- ' .							
Who incurred the debt? Check one		'alley									
	,	red the debt?	State ZIP Code Check one.		unsecured claim:						
☐ Student loans ☐ Debtor 1 only ☐ Obligations arising out of a separation agreement or divorce					out of a separation agreement or divorce						
Debtor 2 only that you did not report as priority claims	Debtor	•			. •						
Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts	ш		•								
At least one of the debtors and another Other. Specify Other. Specify	ш			<u> </u>							
Check if this claim is for a community debt Collection	_		-	Collection							
Is the claim subject to offset? ✓ No		in subject to on:	set?								
▼ Yes	<u> </u>										
re: LVNV 49-CV-15-486	re: LVNV	49-CV-15-486									
\$2,67 4.88	4.22					\$2,674.88					
Hunter Warfield Last 4 digits of account number	Hunter W	/arfield		Last 4 digits of accour	t number						
Nonpriority Creditor's Name 4645 S Lakeshore Dr #11 When was the debt incurred?			11	When was the debt inc	urred?						
Number Street As of the date you file, the claim is: Check all that apply.			11	As of the date you file,	the claim is: Check all that apply.						
Contingent											
Unliquidated Disputed				<u> </u>							
Tempe AZ 85282-7152				Disputed							
City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one.	- 7	rad the debt?		Type of NONPRIORITY	unsecured claim:						
Debtor 1 only			Check one.								
Obligations arising out of a separation agreement or divorce that you did not report as priority claims	= ~	•		—							
Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts	✓ Debtor		•	, ,	. ,						
At least one of the debtors and another Other. Specify	☐ At leas	st one of the debt	ors and another	 	, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,						
Check if this claim is for a community debt Collection	☐ Check	if this claim is	for a community debt	Collection							
Is the claim subject to offset?		m subject to offs	set?								
☑ No ☐ Yes	₩										

re: State Auto Ins.

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Dickmann Debtor 1 Joshua Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the Total claim previous page. 4.23 \$2,110.90 **IC System** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 444 Highway 96 East Number As of the date you file, the claim is: Check all that apply. PO Box 64378 ☐ Contingent Unliquidated Disputed St. Paul 55164-0378 MN City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only ablathat you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Collection Is the claim subject to offset? **☑** No Yes re: Healthsource of Little Falls 4.24 \$4,663.51 Janson Manure Equipment Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 9093 260th Ave As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Pierz MN 56364 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{V}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Merchandise Is the claim subject to offset? No $\overline{\mathbf{Q}}$ Yes

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Debtor 1	Joshua	Р	Dickmann	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	Your NO	NPRIORITY Unsecu	ured Claims Continua	ation Page	
After listin	ng any entries o	n this page, number the	em sequentially from the		
previous	•				Total claim
4.25					
ldot					\$343.53
	ollection Depa Creditor's Name	rtment	Last 4 digits of account		
, ,	600 Woodale I	Dr	When was the debt incu	ırred? <u>2009</u>	
Number	Street			the claim is: Check all that apply.	
			Contingent Unliquidated		
			Disputed		
	nee Falls	WI 53051			
City Who inclu	rred the debt?	State ZIP Code Check one.	Type of NONPRIORITY	unsecured claim:	
	r 1 only	Officer offic.	Student loans		
	r 2 only		that you did not repor	ut of a separation agreement or divorce	
☑ Debto	r 1 and Debtor 2	•	· ·	profit-sharing plans, and other similar debts	
At leas	st one of the deb	tors and another	Other. Specify	,	
☐ Check	c if this claim is	for a community debt	Credit Card		
	m subject to off	set?			
☑ No					
Yes					
4.26					\$10,389.51
Leedstor	ne Inc		Last 4 digits of account	number	Ψ10,003.01
	Creditor's Name		When was the debt incu		
222 Co R	Road 173 SE Street			the claim is: Check all that apply.	
PO Box 2			Contingent	ine ciaim is. Check an that apply.	
-			Unliquidated		
Malraga		MN 56352	Disputed		
Melrose City		MN 56352 State ZIP Code	Type of NONPRIORITY	unsecured claim:	
Who incu	rred the debt?	Check one.	Student loans	unsecured claim.	
	r 1 only			ut of a separation agreement or divorce	
二 - · ·	r 2 only	anlı	that you did not repor	. •	
≌	r 1 and Debtor 2 st one of the deb	•		profit-sharing plans, and other similar debts	
ш			Other. Specify		
_		for a community debt	Judgment		
No No	m subject to off	561 t			
Yes					
	nt court file 49	CV 14 1730			

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Debtor 1	Joshua		P	Dickmann	Case number (if known)	
	First Name		Middle Name	Last Name		
	_					
Part 2:	Your NO	NPRIO	RITY Unsecu	ured Claims Continua	ition Page	
After lieti	ng any ontrine o	n this n	aga numbar th	om soquentially from the		
previous		ni tilis p	age, number m	em sequentially from the		Total claim
	pago.					
4.27						\$5,091.92
	ta Power			Last 4 digits of account	number	
	Creditor's Name perior St			When was the debt incu	rred?	
Number	Street			As of the date you file, the	ne claim is: Check all that apply.	
				Contingent		
				Unliquidated		
Duluth		MN	55802-2093	Disputed		
City		State	ZIP Code	— Type of NONPRIORITY ι	insecured claim:	
Who incu	rred the debt?	Check	one.	Student loans	mocoured diami.	
	r 1 only				t of a separation agreement or divorce	
= 5.1	or 2 only			that you did not report	•	
لت	or 1 and Debtor 2 st one of the deb	•	another	Debts to pension or p	rofit-sharing plans, and other similar debts	
ш				Other. Specify		
ш	k if this claim is		mmunity debt	utilities		
	im subject to off	set?				
✓ No □ Yes						
4.28						\$967.06
Modern	Farm Equipme	ent		Last 4 digits of account	number	4001100
Nonpriority (Creditor's Name			When was the debt incu		
40486 40 Number	08th St Street				ne claim is: Check all that apply.	
Number	Street			Contingent	ie Claim is. Check all that apply.	
				Unliquidated		
				Disputed		
Sauk Ce	ntre	MN State	56378 ZIP Code			
,	rred the debt?	Check		Type of NONPRIORITY u	insecured claim:	
☐ Debto	r 1 only			Student loans Obligations arising out	t of a separation agreement or divorce	
Debto	r 2 only			that you did not report		
✓ Debto	r 1 and Debtor 2	only		,	rofit-sharing plans, and other similar debts	
At leas	st one of the deb	tors and	another	Other. Specify	,	
☐ Checl	k if this claim is	for a co	mmunity debt	Merchandise		
Is the clai	im subject to off	set?				
√ No						
☐ Yes						

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Debtor 1	Joshua	P	Dickmann Case number (if known)	
	First Name	Middle Name	Last Name	
B 0	NO	IDDIODITY II	and Old and On other other Bases	
Part 2:	Your NO	NPRIORITY Unsecu	ured Claims Continuation Page	
After listin	ng any entries o	n this page, number the	em sequentially from the	Total claim
previous	page.			Total Claim
4.29				\$339.44
Morrison	County Audit	or	Last 4 digits of account number	<u> </u>
Nonpriority C	Creditor's Name		When was the debt incurred?	
213 First Number	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			Unliquidated	
Little Fal	ls	MN 56345	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	rred the debt? r 1 only	Check one.	Student loans	
ш	r 2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☑ Debto	r 1 and Debtor 2	•	Debts to pension or profit-sharing plans, and other similar debts	
	st one of the debt		Other. Specify	
ш		for a community debt	Taxes	
	m subject to off	set?		
✓ No ☐ Yes				
ш.	ome taxes			
4.30				\$6,391.76
Northlan	d Group Creditor's Name		Last 4 digits of account number	
P O Box			When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			☐ Contingent ☐ Unliquidated	
			— Disputed	
Minneap City	OIIS	MN 55439 State ZIP Code	Type of NONPRIORITY unsecured claim:	
•	rred the debt?	Check one.	Student loans	
=	r 1 only		Obligations arising out of a separation agreement or divorce	
ш	r 2 only r 1 and Debtor 2	only	that you did not report as priority claims	
	st one of the debt	•	Debts to pension or profit-sharing plans, and other similar debts	
ш		for a community debt	Other. Specify Collection	
_	m subject to off	•	33.000001	
☑ No	•			
Yes				

re:CNH Industrial

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Debtor 1 Joshua Dickmann Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the Total claim previous page. 4.31 \$2,595,49 Northway Oil Co Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 12658 Hwy 27 As of the date you file, the claim is: Check all that apply. Number P O Box 127 ☐ Contingent Unliquidated Disputed Little Falls MN 56345 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{A}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Merchandise Is the claim subject to offset? **☑** No Yes 4.32 \$5.537.25 **Olson Construction** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 116 Belleville Ct As of the date you file, the claim is: Check all that apply. Number ☐ Contingent Unliquidated Disputed Thief River Falls MN 56701 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only ablaDebts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Services** Is the claim subject to offset? No $\overline{\mathbf{Q}}$ Yes П 4.33 \$6,610.45 **Pierz Vet Clinic** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 105 2nd Ave NE As of the date you file, the claim is: Check all that apply. Street Contingent Unliquidated Disputed Pierz MN 56364 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Services Is the claim subject to offset? **✓** No Yes

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Debtor 1	Joshua	P	Dickmann Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NONP	RIORITY Unsecui	red Claims Continuation Page	
After listin		his page, number the	m sequentially from the	Total claim
4.34				\$321.66
Riverviev	v Law Office		Last 4 digits of account number	
	reditor's Name		When was the debt incurred?	
P O Box S	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			Unliquidated	
Sauk Rap	oids M	IN 56379-0570	Disputed	
City		ate ZIP Code	Type of NONPRIORITY unsecured claim:	
Debtor		heck one.	Student loans	
Debtor	•		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor	1 and Debtor 2 onl	•	Debts to pension or profit-sharing plans, and other similar debts	
ш	st one of the debtors		Other. Specify	
_		a community debt	Collection	
	m subject to offset	?		
✓ No ☐ Yes				
4.35				\$406.13
Select Si			Last 4 digits of account number	
	Creditor's Name gory Park Rd S		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ ☐ Contingent ☐ Unliquidated	
			□ Disputed	
Saint Clo City		IN 56301 ate ZIP Code		
•		heck one.	Type of NONPRIORITY unsecured claim:	
☐ Debtor	1 only		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor	•		that you did not report as priority claims	
لت	1 and Debtor 2 onless one of the debtors	•	☐ Debts to pension or profit-sharing plans, and other similar debts	
ш		a community debt		
ш	m subject to offset	·	Sel vices	
✓ No		•		
Yes				
4.36				#040.05
St Cloud	Hospital		Last 4 digits of account number	\$313.65
	Creditor's Name		When was the debt incurred?	
1406 6th	Ave N Street		As of the date you file, the claim is: Check all that apply.	
	Olicet		_ ☐ Contingent	
			Unliquidated	
St Cloud	M	IN 56303-1901	Disputed	
City	St	ate ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incur Debtor		heck one.	Student loans	
☑ Debtor	•		Obligations arising out of a separation agreement or divorce	
لك	1 and Debtor 2 onl	у	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	st one of the debtors	and another	Other. Specify	
☐ Check	if this claim is for	a community debt	Medical	
	m subject to offset	?		
✓ No ✓ Yes				

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Debtor 1	Joshua	Р	Dickmann Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NON	PRIORITY Unsecu	red Claims Continuation Page	
After listing	ng any entries on	this page, number the	m sequentially from the	Total claim
previous	page.			Total Claim
4.37				\$4,383.19
Stenger	& Stenger		Last 4 digits of account number	
	Creditor's Name		When was the debt incurred?	
	st Paris Ave SE			
Number	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent Unliquidated	
			— ☐ Disputed	
Grand Ra	apids	MI 49546		
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
		Check one.	☐ Student loans	
ш	r 1 only		Obligations arising out of a separation agreement or divorce	
<u> </u>	r 2 only	al	that you did not report as priority claims	
ш	r 1 and Debtor 2 or st one of the debto	•	Debts to pension or profit-sharing plans, and other similar debts	
ш			Other. Specify	
Check	k if this claim is fo	or a community debt	Collection	
	m subject to offse	et?		
☑ No				
Yes				
re: Capit	al Alliance 49-C	O-13-278		
4.38				*
4.30				\$66,212.59
Sunrise A			Last 4 digits of account number	
P O Box	Creditor's Name		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ ☐ Contingent	
			Unliquidated	
Duelmes	_	MAL ECOAT	Disputed	
Buckman City		MN 56317 State ZIP Code		
•		Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only		Student loans	
	r 2 only		Obligations arising out of a separation agreement or divorce	
Debto	r 1 and Debtor 2 or	nly	that you did not report as priority claims	
	st one of the debto	rs and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check	k if this claim is fo	or a community debt	Merchandise	
_	m subject to offse	-	mo. onandioo	
✓ No	230,000 10 01100			
Yes				

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Debtor 1	Joshua	Р	Dickmann Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NON	IPRIORITY Unsecu	red Claims Continuation Page	
After listin	ng any entries or	this page, number the	em sequentially from the	Total alaim
previous p	oage.			Total claim
4.39				44.400.00
4.39				\$1,129.86
Synchror			Last 4 digits of account number	
	reditor's Name		When was the debt incurred? 2011	
Number	kruptcy Dept. Street		As of the date you file, the claim is: Check all that apply.	
P O Box 9			Contingent	
			Unliquidated	
			— ☐ Disputed	
Orlando		FL 32896-5060	_ L _ ·	
City	الكواملة موافيلة الموس	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one.	☐ Student loans	
브 ~	· 1 only · 2 only		Obligations arising out of a separation agreement or divorce	
<u> </u>	· 1 and Debtor 2 o	nnly	that you did not report as priority claims	
<u> </u>	st one of the debt	•	Debts to pension or profit-sharing plans, and other similar debts	
ш			Other. Specify	
_		or a community debt	Credit Card	
	m subject to offs	set?		
✓ No				
Yes				
re: GE Mo	oney Bank			
4.40				¢2 272 0E
			Last A. Parks of a count number	\$3,272.95
	creditor's Name		Last 4 digits of account number	
921 Main			When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
P O Box	5560		Contingent	
			Unliquidated	
Hopkins		MN 55343-7515	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incur	red the debt?	Check one.	Student loans	
▼ Debtor	· 1 only		Obligations arising out of a separation agreement or divorce	
□ Debtor	· 2 only		that you did not report as priority claims	
ш.	1 and Debtor 2	•	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ At leas	st one of the debt	ors and another	Other. Specify	
☐ Check	if this claim is f	or a community debt	Collection	
Is the clair	m subject to offs	set?		
☑ No				
Yes				
re: NAU (Country Ins.			

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Debtor 1	Joshua	P	Dickmann Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NON	PRIORITY Unsecu	red Claims Continuation Page	
After listin previous p		this page, number the	em sequentially from the	Total claim
4.41				\$3,200.12
Tri-City P	aving		Last 4 digits of account number	
	reditor's Name		When was the debt incurred?	
P O Box 3	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			Unliquidated	
Little Falls	S	MN 56345	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one.	Student loans	
☐ Debtor ☐ Debtor	•		Obligations arising out of a separation agreement or divorce	
ш	1 and Debtor 2 d	only	that you did not report as priority claims	
At leas	t one of the debt	ors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check	if this claim is f	or a community debt	Services	
Is the clain	n subject to offs	et?		
☑ No				
Yes				
4.42				\$1,235.30
Verizon B	ankruptcy Ad	min.	Last 4 digits of account number	
	reditor's Name	EEO	When was the debt incurred?	
Number	nology Dr Ste Street	330	As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			Unliquidated	
Weldon S	prina	MO 63304	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one.	Student loans	
☐ Debtor ☐ Debtor	•		Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2 of	only	that you did not report as priority claims	
	t one of the debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check	if this claim is f	or a community debt	Services	
Is the clain	n subject to offs	et?		
✓ No				
Yes				
4.43				\$1,235.30
Verizon B	ankruptcy Ad	min.	Last 4 digits of account number	
	reditor's Name nology Dr Ste	550	When was the debt incurred?	
Number	Street	330	As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			Unliquidated	
Weldon S	pring	MO 63304	Disputed	
City	rod the delte	State ZIP Code	Type of NONPRIORITY unsecured claim:	
Debtor	red the debt?	Check one.	Student loans	
Debtor	•		Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2 of	only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	t one of the debt	ors and another	Other. Specify	
☐ Check	if this claim is f	or a community debt	Services	
	n subject to offs	et?		
✓ No □ Yes				

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Debtor 1	Joshua First Name	F	iddle Name	Dickn Last Na				Case	number (if known)
Part 3:	List Othe	rs to B	e Notified Abou	ıt a De	bt Tha	at Y	ou Already	/ Lis	sted
For e credit debts	xample, if a coll tor in Parts 1 or that you listed	ection ag 2, then I in Parts	gency is trying to o	collect fi gency h itional c	rom you nere. Si reditors	u fo imil	r a debt you d arly, if you ha	we i	bt that you already listed in Parts 1 or 2. to someone else, list the original nore than one creditor for any of the have additional parties to be notified for
	n Accounts & A	Adviser	5	On w	hich er	ntry	in Part 1 or P	art 2	2 did you list the original creditor?
Name 7460 80t Number	h St S Street			_ Line	4.6	of_	(Check one):	_	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
				 act	1 diaits	of	account num	har	
Cottage (Grove	MN State	55016 ZIP Code		4 digits	· Oi	account num	DCI	
	n Express			_ On w	hich er	ntry	in Part 1 or P	art 2	2 did you list the original creditor?
Name P O Box 2 Number	26312 Street			_ Line	4.2	of_	(Check one):		Part 1: Creditors with Priority Unsecured Claims
vuilibei	Sileet			_					Part 2: Creditors with Nonpriority Unsecured Claims
Lehigh V	alley	PA State	18002-6312 ZIP Code	– Last –	4 digits	of	account num	ber	
Collectio	n Resources			On w	hich er	ntry	in Part 1 or P	art 2	2 did you list the original creditor?
Name PO Box 2				_ _ Line	4.33	of	(Check one):		Part 1: Creditors with Priority Unsecured Claims
Number	Street			_				V	Part 2: Creditors with Nonpriority Unsecured Claims
St Cloud		MN	56302-2270	– Last	4 digits	of	account num	ber	
City		State	ZIP Code	_					
Credit Co	ollection Servi	ces		On w	hich er	ntry	in Part 1 or P	art 2	2 did you list the original creditor?
Name Two Wel l Number	Street			_ Line	4.25	of_	(Check one):	ш	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Newton City		MA State	02459 ZIP Code	_ Last 	4 digits	of	account num	ber	
D & S Glo	obal Solutions			On w	hich er	ntry	in Part 1 or P	art 2	2 did you list the original creditor?
Name	search Blvd S			_		-			Part 1: Creditors with Priority Unsecured Claims
Number	Street					_	ŕ	_	Part 2: Creditors with Nonpriority Unsecured Claims

Austin City ΤX

State

78750

ZIP Code

- Last 4 digits of account number

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Debtor 1 Joshua P Dickmann Case number (if known) ______

Diversified Adjustment	Service	1	On which entry is	n Part 1 or P	art 2	2 did you list the original creditor?
Name	00.7.00		_			•
P O Box 32145 Number Street			Line <u>4.43</u> of (Cneck one):	_	Part 1: Creditors with Priority Unsecured Claims
			<u> </u>			Part 2: Creditors with Nonpriority Unsecured Claims
			 Last 4 digits of a 	ccount num	ber	
Fridley	MN	55432	_			
City	State	ZIP Code				
Diversified Adjustment	Service)	On which entry i	n Part 1 or P	art 2	2 did you list the original creditor?
Name			_			
P O Box 32145 Number Street			Line <u>4.42</u> or (Crieck orie).	_	Part 1: Creditors with Priority Unsecured Claims
			_		☑	Part 2: Creditors with Nonpriority Unsecured Claims
			 Last 4 digits of a 	ccount num	ber	
Fridley City	MN State	55432 ZIP Code	_			
Oity	Otale	Zii Gode				
Farm-Rite			On which entry i	n Part 1 or P	art 2	2 did you list the original creditor?
Name P O Box 717			Line of (Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number Street				,		Part 2: Creditors with Nonpriority Unsecured Claims
			_		Ц	Tak 2. Groundle man Henphony endodated chamile
			 Last 4 digits of a 	ccount num	ber	
Sauk Rapids City	MN State	56379 ZIP Code	_			
o.i,	Olalo	2 0000				
Firstsource Advantage	LLC		On which entry i	n Part 1 or P	art 2	2 did you list the original creditor?
Name 205 Bryant Woods S			Line 4.4 of (Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number Street				,	_	Part 2: Creditors with Nonpriority Unsecured Claims
			_		Ľ	, ,
A l 1	NIV	4.4000	 Last 4 digits of a 	ccount num	ber	
Amherst City	NY State	14228 ZIP Code	_			
•						
lhle & Sparby P.A.			On which entry i	n Part 1 or P	art 2	2 did you list the original creditor?
Name 312 Main Ave N			Line 4.32 of (Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number Street				,	_	Part 2: Creditors with Nonpriority Unsecured Claims
P O Box 574			_		V	
TI'' (D' E II			 Last 4 digits of a 	ccount num	ber	
Thief River Falls City	MN State	56701 ZIP Code	_			
- 7						
Internal Revenue Servi	се		On which entry i	n Part 1 or P	art 2	2 did you list the original creditor?
_{Name} Special Procedures Sto	p 5700		Line 2.1 of (Check one):	J	Part 1: Creditors with Priority Unsecured Claims
Number Street				,		Part 2: Creditors with Nonpriority Unsecured Claims
30 E 7th ST STE 1222			_		Ц	Signature of the state of the s
01 BI			 Last 4 digits of a 	ccount num	ber	
St Paul City	MN State	55101-4940 ZIP Code	_			

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Debtor 1	Joshua	Р	Dickmann	Case number (if known)	
	First Name	Middle Name	Last Name		

Part 3: List Othe	rs to B	e Notified Abo	ut a Debt That You Alread	y Lis	sted Continuation Page
JC Christensen & Asso	С		On which entry in Part 1 or I	Part 2	did you list the original creditor?
Name PO Box 519			Line 413 of (Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street				_	Part 2: Creditors with Nonpriority Unsecured Claims
			_	V	Tan 2. Croancie man recipion, checcarda Cianno
			 Last 4 digits of account num 	nber	
Sauk Rapids City	MN State	56379-0519 ZIP Code	_		
•					
Joseph, Mann & Creed			On which entry in Part 1 or I	Part 2	did you list the original creditor?
Name 8948 Canyon Falls Blvd	d Ste 20	0	Line 4.8 of (Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street					
			_	Ľ	, ,
	011	44007	 Last 4 digits of account num 	nber	
Twinsburg City	OH State	44087 ZIP Code	_		
•					
Lofstrom Law Firm			On which entry in Part 1 or I	Part 2	did you list the original creditor?
Name P O Box 21123			Line 4.33 of (Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street					Part 2: Creditors with Nonpriority Unsecured Claims
			_		·
Calumbia Haighta	MAL	EE 404 0400	 Last 4 digits of account num 	nber	
City City	MN State	55421-0123 ZIP Code	_		
McCarthy, Burgess & V	Volff		On which entry in Part 1 or F	Part 2	did you list the original creditor?
Name 26000 Cannon Rd			Line 4.43 of (Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street				_ _	Part 2: Creditors with Nonpriority Unsecured Claims
			_		
Claveland	ОН	44146	 Last 4 digits of account num 	nber	
City City	State	ZIP Code	_		
Meyer & Njus			On which entry in Part 1 or I	Part 2	did you list the original creditor?
200 S 6th St Ste 1100			Line 4.39 of (Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street				<u> </u>	Part 2: Creditors with Nonpriority Unsecured Claims
			_	_	
Minneapolis	MN	55402	 Last 4 digits of account num 	nber	
City	State	ZIP Code	_		
Rajkowski Hansmier			On which entry in Part 1 or I	Part 2	did you list the original creditor?
Name att: Gregory Haupert			Lineof (Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street 11 7th AV N #3				⊸	Part 2: Creditors with Nonpriority Unsecured Claims
			_	_	
St Cloud	MN	56303	 Last 4 digits of account num 	nber	
City	State	ZIP Code	_		

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Dickmann Debtor 1 Joshua Case number (if known) First Name Middle Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page On which entry in Part 1 or Part 2 did you list the original creditor? Rajkowski Hansmier att: Gregory Haupert Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims 11 7th AV N #3 Last 4 digits of account number St Cloud MN 56303 City ZIP Code State **Riverview Law Office** On which entry in Part 1 or Part 2 did you list the original creditor? Name Line 4.36 of (Check one): Part 1: Creditors with Priority Unsecured Claims P O Box 570 Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Sauk Rapids MN 56379-0570 State ZIP Code **Riverview Law Office** On which entry in Part 1 or Part 2 did you list the original creditor? P O Box 570 Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Sauk Rapids MN 56379-0570 State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Vantage Sourcing Line 4.43 of (Check one): Part 1: Creditors with Priority Unsecured Claims 4930 West State Hwy 52 Ste 1 Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Dothan ΑL 36305 City State ZIP Code **Veldos** On which entry in Part 1 or Part 2 did you list the original creditor? 500 N Franklin Tpke, Ste 200 Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims

Ramsey City NJ

State

07446

ZIP Code

Last 4 digits of account number

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Debtor 1	Joshua	P	Dickmann	Case number (if known)	
	First Name	Middle Name	Last Name		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$7,000.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	^{6d.} +	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$7,000.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	^{6i.} +	\$621,246.45
	6j.	Total. Add lines 6f through 6i.	6j.	\$621,246.45

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Fill in this inf	ormation to iden	tify your case:		
Debtor 1	Joshua First Name	P Middle Name	Dickmann Last Name	
Debtor 2 (Spouse, if filing)	Linda First Name	J Middle Name	Dickmann Last Name	
United States Bar	nkruptcy Court for the	: DISTRICT OF MIN	INESOTA	
Case number (if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill in this i	nformation to i	dentify your case	e:		
Debtor 1	Joshua First Name	P Middle Name	Dickmann Last Name	-	
Debtor 2 (Spouse, if filir	Linda ng) First Name	J Middle Name	Dickmann Last Name	-	
United States	Bankruptcy Court fo	or the: DISTRICT OF	MINNESOTA	_	
Case number (if known)				Check if this is an amended filing	
Official For	<u>m 106H</u> H: Your Cod	ebtors			12/ ⁻
two married peneeded, copy the page. On the to	ople are filing toge he Additional Page	ether, both are equally e, fill it out, and numb al Pages, write your n	y responsible for supplying er the entries in the boxes o	Be as complete and accurate as possible. If correct information. If more space is in the left. Attach the Additional Page to this nown). Answer every question.	
☑ No ☐ Yes					
	•	•		ory? (Community property states and territories exas, Washington, and Wisconsin.)	
<u></u>	•	rmer spouse, or legal e	equivalent live with you at the	time?	

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

☐ Yes

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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Fill in this inforr	mation to identify	y your case:			
Debtor 1	Joshua	Р	Dickmann		
	First Name	Middle Name	Last Name	Che	eck if this is:
Debtor 2	Linda	J	Dickmann	_	An amended filing
(Spouse, if filing)	First Name	Middle Name	Last Name		· · · · · · · · · · · · · · · · · · ·
United States Bank	cruptcy Court for the:	DISTRICT OF M	IINNESOTA		A supplement showing postpetition chapter 13 income as of the following date:
Case number (if known)					
000 1 1 5	0.01				MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describe	Employ	/ment
ı aıı ı.	DESCINE		viii c iii

1.	Fill in your employment information.		Debtor 1		Debtor 2 or non-fili	ng spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	✓ Employed☐ Not employed		✓ Employed☐ Not employed	
	, ,	Occupation	self employed dai	ry farmer	Sales/Service As:	soc.
	Include part-time, seasonal, or self-employed work.	Employer's name			BiGG Enterprises	s Inc
	Occupation may include	Employer's address			17828 225th Ave	
	student or homemaker, if it		Number Street		Number Street	
	applies.				Brainerd, MN 564	01
					AND self dairy	farming
			City	State Zip Code	City	State Zip Code
		How long employed th	here?		11 months	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$0.00	\$1,818.38
3.	Estimate and list monthly overtime pay.	3	+\$0.00	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.	\$0.00	\$1,818.38

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Deb	otor 1	Joshua	P	Dickmann		Case	num	ber (if known)		
		First Name	Middle Name	Last Name		For Debtor 1			r Debtor n-filing s		•	
	Сор	y line 4 here			4.	\$0.0	0		\$1,81		_	
5.	List	all payroll dec	ductions:									
			e, and Social Security deduct	ions	5a.	\$0.0	0		\$13	9.11		
			ontributions for retirement pla		5b.	\$0.0	_	_		0.00		
		•	ntributions for retirement plan		5c.	\$0.0	_	_		0.00		
		-	ayments of retirement fund lo		5d.	\$0.0	_	_		0.00		
		Insurance			5e.	\$0.0	_	-		0.00		
	5f.		port obligations		5f.	\$0.0	_	-		0.00		
		Union dues	pper t obligations		5g.	\$0.0	_	_		0.00		
	_	Other deduct	ions		og.		<u> </u>	_				
	0	Specify:			5h.	+\$0.0	0	_	\$	0.00		
6.		I the payroll de - 5h.	eductions. Add lines 5a + 5b	+ 5c + 5d + 5e + 5f +	6.	\$0.0	<u>0</u>	_	\$13	<u>9.11</u>		
7.				tract line 6 from line 4.	7.	\$0.0	0	_	\$1,67	9.27		
8.			me regularly received: com rental property and from	onoroting o	90	¢20E 0	c		¢22	E 07		
	oa.		offession, or farm	operating a	8a.	\$325.2	<u>6</u>	-	\$32	5.27		
		gross receipts	ment for each property and bus, ordinary and necessary busin nly net income.									
	8b.	Interest and o	lividends		8b.	\$0.0	0		\$	0.00		
	8c.		ort payments that you, a non-f gularly receive	iling spouse, or a	8c.	\$0.0	_	_		0.00		
			ny, spousal support, child suppo ment, and property settlement.	ort, maintenance,								
	8d.	Unemployme	nt compensation		8d.	\$0.0	0		\$	0.00		
	8e.	Social Securi	ty		8e.	\$0.0	_	_		0.00		
	8f.	Other govern	ment assistance that you reg	ularly receive		•	_	_				
		cash assistan	assistance and the value (if kno ce that you receive, such as foo er the Supplemental Nutrition As	od stamps								
		Specify:	odialos.		8f.	\$0.0	Λ		¢	0.00		
	8q.	· · · —	tirement income		-	\$0.0	_	-				
	_	Other monthly			8g.	<u> </u>	<u>U</u>	_	-	0.00		
	OII.		continuation sheet / colu	strum sales (est.)	8h.	<u>\$125.0</u>	0	_	\$4	0.00		
9.	Add	l all other inco	me. Add lines 8a + 8b + 8c + 8	3d + 8e + 8f + 8g + 8h.	9.	\$450.2	6		\$36	5.27		
10.			income. Add line 7 + line 9.	2 or non-filing spouse	10.	\$450.2	6 +	.[_	\$2,04	4.54	=	\$2,494.80
11			ular contributions to the expe	0 1	ahadı	ا مار						
11.	Inclu		ns from an unmarried partner, n				, your	roor	nmates,	and ot	her	
	Do r	not include any	amounts already included in lir	nes 2-10 or amounts tha	ıt are r	not available to	pay ex	pen	ses liste	d in Sc	hed	lule J.
	Spe	cify:								11.	+	\$0.00
12.			the last column of line 10 to amount on the Summary of Yo							12.		\$2,494.80
		applies.	and Cammary of To	The same and a same and a same a		- January Claudio			,			Combined monthly income
13.	Doy	you expect an	increase or decrease within t	he year after you file t	his fo	rm?						
	\Box	No. Yes. Explain:	Debtors hope milk prices	increase								

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Debto	or 1 Joshua	P	Dickmann		Case nur	mber (if known)
	First Name	Middle Name	Last Name			
8h. (Other Monthly Incom	ne (details)		F	For Debtor 1	For Debtor 2 or non-filing spouse
	AMPI fees / colustr	` '			\$85.00	\$40.00
<u>c</u>	colustrum sales (e	st.)			\$40.00	
			Tota	ıls:	\$125.00	\$40.00

Official Form 106l Schedule I: Your Income page 3

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Debtor 1 Joshua	Р	Dickmann	Case number (if known)	
First Name	Middle Name	Last Name	_ ` ` _	
8a. Attached Statement (Deb	otor 1)			
		AMPI milk sales		
Gross Monthly Income:			_	\$8,573.89
Expense		Category	Amount	
expenses per AMPI			\$8,248.63	
Total Monthly Expenses			_	\$8,248.63
Net Monthly Income:			=	\$325.26

Official Form 106l Schedule I: Your Income page 4

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Debtor 1 Joshua	Р	Dickmann	Case number (if known)	
First Name	Middle Name	Last Name	<u> </u>	
8a. Attached Statemen	t (Debtor 2)			
		AMPI milk sales		
Gross Monthly Inco	me:		\$8,573	3.90
Expense		Category	<u>Amount</u>	
expenses			\$8,248.63	
Total Monthly Exper	ises		\$8,248	3.63
Net Monthly Income	:		\$325	.27

Official Form 106l Schedule I: Your Income page 5

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Ŀ	ill in this inforn	nation to ide	ntify y	our case:			OI:	and the state of	. • _		
	Debtor 1	Joshua		P	Dickma	nn	I	ck if this			
	Debior	First Name		Middle Name	Last Nam		╽╎		ended filing lement showing	nostn	etition
	Debtor 2	Linda		J	Dickma	ann	╽╙		r 13 expenses as		
	(Spouse, if filing)	First Name		Middle Name	Last Nam			followir	ng date:		
	United States Bankı	ruptcy Court for	the: D	ISTRICT OF MIN	NESOTA			MM / D	D / YYYY	_	
	Case number (if known)										
O	fficial Form 10)6J					•				
So	chedule J: Yo	our Expen	ses								12/15
nai	as complete and a rect information. I me and case number art 1:	f more space is	s needed Answer (d, attach another s every question.							-
1.	Is this a joint cas	e?									
	No. Go to lin ✓ Yes. Does D ✓ No	e 2. Debtor 2 live in		ate household?	Expenses i	for Separate Housel	hold o	f Debtor	2.		
2.	Do you have dep		□ No V Yes	. Fill out this inform	nation	Dependent's relation		p to	Dependent's		es dependent
	Do not list Debtor Debtor 2.	1 and		each dependent		<u>Debtor 1 or Debtor</u> daughter	2		<u>age</u> 16	. <u>live</u> □	with you? No
	Do not state the donames.	ependents'				daughter			13		Yes No
						daughter			9		Yes No Yes
						son			8	- <u> </u>	No Yes
										- -	No Yes
3.	Do your expense expenses of peopyourself and you	ple other than	<u>~</u>	No Yes							
E	Part 2: Estima	ate Your On	going I	Monthly Expens	ses						
to	timate your expens report expenses as a form and fill in the	of a date after	the ban								
	lude expenses paid th assistance and l		_		-				Your expens	es	
4.		•	-	s for your residence ent for the ground c					4		\$750.00
	If not included in	•	•	-							
	4a. Real estate ta	axes							4a		
	4b. Property, hor	meowner's, or re	enter's ins	surance					4b		
	4c. Home mainte	enance, repair, a	and upke	ep expenses					4c		
	4d Homeowner's	s association or	condomi	inium dues					4d		

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Deb	tor 1	Joshua First Name	P Middle Name	Dickmann Last Name	Case number (if known)	
					Your expense	es
5.	Δdd	litional mortgage	e navments for vour resid	lence, such as home equity loans	5.	
6.		ties:	o payments for your resid	enec, such as nome equity loans	<u> </u>	
-		Electricity, heat,	, natural gas		6a.	\$600.00
	6b.		arbage collection		6b.	-
	6c.	Telephone, cell	phone, Internet, satellite, a	nd	6c.	\$250.00
	C-1	cable services				
7					6d	# E00.00
7. 8.		d and housekee	ren's education costs		7 8.	\$500.00
9.			and dry cleaning		9.	\$50.00
э. 10.			ucts and services		10.	
		lical and dental			11.	\$50.00
			lude gas, maintenance, bu	s or train	12.	\$250.00
	fare	. Do not include	car payments.			φ230.00
13.		ertainment, club jazines, and boo	s, recreation, newspaper oks	S,	13	
14.	Cha	ritable contribu	tions and religious donat	14.	\$15.00	
15.		ırance.				
			, ,	ay or included in lines 4 or 20.		
		Life insurance				
	15b					
	15c					
16	15d Tax			our pay or included in lines 4 or 20.	15d	
10.	Spe		•	our pay or included in lines 4 or 20.	16.	
17.	Inst	allment or lease	payments:			
	17a	. Car payments	for Vehicle 1		17a	
	17b	. Car payments	for Vehicle 2		17b	
	17c	Other. Specify	y:		17c	
	17d	Other. Specify	y:		17d	
18.				support that you did not report as , Your Income (Official Form 106I).	18.	
19.	Oth Spe		u make to support others	who do not live with you.	19.	

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Deb		Joshua	Р	Dickmann	Case number (if knowr	1)
		First Name	Middle Name	Last Name		
20.		er real property e edule I: Your Inc		lines 4 or 5 of this form or o	on	
	20a.	Mortgages on o	other property		20a.	
	20b.	Real estate tax	res		20b.	
	20c.	Property, home	eowner's, or renter's insurar	nce	20c.	
	20d.	Maintenance, r	repair, and upkeep expense	es	20d.	
	20e.	Homeowner's a	association or condominiun	n dues	20e.	
21.	Othe	er. Specify:			21.	h
22.	Calc	culate your mont	hly expenses.			
	22a.	Add lines 4 thro	ough 21.		22a. -	\$2,465.00
	22b.	Copy line 22 (r	nonthly expenses for Debto	or 2), if any, from Official Form	n 106J-2. 22b.	
	22c.	Add line 22a a	nd 22b. The result is your	monthly expenses.	22c.	\$2,465.00
23.	Calc	culate your mont	hly net income.		-	
	23a.	Copy line 12 (y	your combined monthly inco	ome) from Schedule I.	23a.	\$2,494.80
	23b.	Copy your mor	nthly expenses from line 22	c above.	23b. -	\$2,465.00
	23c.		monthly expenses from you our monthly net income.	r monthly income.	23c. [\$29.80
24.	Do y	ou expect an in	crease or decrease in you	ur expenses within the year a	after you file this form?	
	paym	example, do you on ment to increase of No.	r do you expect your mortgage ur mortgage?			
		Yes. Explain he	re: ortgage shown above i	s a payment plan, will cha	ange June 2017	

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Fill in this information to identify your case:						
Debtor 1	Joshua First Name	P Middle Name	Dickmann Last Name			
Debtor 2	Linda	J	Dickmann			
(Spouse, if filing)		Middle Name	Last Name			
United States Ba	nkruptcy Court for	the: DISTRICT OF	MINNESOTA			
Case number						
(if known)						

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

F	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$342,400.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$310,660.39
	1c. Copy line 63, Total of all property on Schedule A/B	\$653,060.39
F	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$610,692.75
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$7,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$621,246.45
	Your total liabilities	\$1,238,939.20
F	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$2,494.80
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$2,465.00

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Deb	otor 1	Joshua First Name	P Middle Name	Dickmann Last Name	Case number (if known)	
Р	art 4	Answer The	ese Questions fo	r Administrative and	d Statistical Records	
ô.	Are	you filing for bankru	uptcy under Chapter	rs 7, 11, or 13?		
		No. You have nothing Yes	ng to report on this pa	art of the form. Check this	s box and submit this form to the court with your other schedule	es.
7.	Wha	at kind of debt do yo	u have?			
		•	•		those "incurred by an individual primarily for a personal, 9g for statistical purposes. 28 U.S.C. § 159.	
	✓	Your debts are not		debts. You have nothing	g to report on this part of the form. Check this box and submit	
3.				ly Income: Copy your total Line 11; OR, Form 122C-	al current monthly income from -1 Line 14.	
Э.	Сор	y the following spec	cial categories of cla	ims from Part 4, line 6 of	of Schedule E/F:	
					Total claim	
	Froi	m Part 4 on Schedu	le E/F, copy the folio	owing:		
	9a.	Domestic support of	oligations. (Copy line	6a.)		
	9b.	Taxes and certain of	ther debts you owe th	e government. (Copy line	e 6b.)	
	9c.	Claims for death or p	personal injury while y	ou were intoxicated. (Cop	py line 6c.)	
	9d.	Student loans. (Cop	y line 6f.)			
	9e.	Obligations arising or priority claims. (Cop		reement or divorce that yo	ou did not report as	
	9f.	Debts to pension or	profit-sharing plans, a	and other similar debts. (C	Copy line 6h.) +	
	9g.	Total. Add lines 9a	a through 9f.			

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Fill in this information to identify your case:						
Debtor 1	Joshua	Р	Dickmann			
	First Name	Middle Name	Last Name			
Debtor 2	Linda	J	Dickmann			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court fo	or the: DISTRICT OF	MINNESOTA			
Case number (if known)	-					
(ii itilowi)						
Official Form	106Dec					
Jiliolai i Oili	100000					

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT	Γ an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have reactrue and correct.	d the summary and schedules filed with this declaration and that they are
X /s/ Joshua P Dickmann Joshua P Dickmann, Debtor 1	X /s/ Linda J Dickmann Linda J Dickmann, Debtor 2
Date 08/11/2016	Date 08/11/2016

MM / DD / YYYY

MM / DD / YYYY

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Fill in this in	ormation to	identify your case	:		
Debtor 1	Joshua	Р	Dickmann		
Debiori	First Name	Middle Name	Last Name		
Debtor 2	Linda	J	Dickmann		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court fo	or the: DISTRICT OF	MINNESOTA		
Case number					
(if known)				☐ Check if this is an amended filing	
Off: a: a l. E a mas	407			•	
Official Form	107				
Statement of	of Financia	I Affairs for Ind	ividuals Filing for Ba	ankruptcy	04/1
Part 1: Gi	ve Details Ab	out Your Marital S	Status and Where You Liv	ved Before	
1. What is vour	current marital	status?			
✓ Married					
☐ Not marri	ed				
2. During the la	st 3 years, have	you lived anywhere o	other than where you live now?	?	
☑ No					
Yes. List	all of the places	you lived in the last 3 y	rears. Do not include where you	live now.	
		_		ommunity property state or territory?	
,	oroperty states at and Wisconsin.)	ria territories include Ar	izona, Calitornia, Idano, Louisiar	na, Nevada, New Mexico, Puerto Rico, Texas	5,
☑ No					
☐ Yes. Mal	ke sure you fill οι	ut Schedule H: Your Co	debtors (Official Form 106H).		

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Del	btor 1	Joshua First Name	P Middle Name	Dickmann Last Name	Case nui	mber (if known)	
P	art 2:	Explain the	Sources of	Your Income			
4.	Fill in th	I have any inco le total amount o	me from employ f income you rec	ment or from operating a bu eived from all jobs and all bus income that you receive toge	inesses, including par	t-time activities.	endar years?
	▼ Yes	s. Fill in the deta	ils.				
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
		ry 1 of the curre	•	Wages, commissions, bonuses, tips	\$3,912.93	Wages, commissions, bonuses, tips	\$12,704.25
				Operating a business		Operating a business	
		calendar year:		Wages, commissions, bonuses, tips	\$33,267.00	Wages, commissions, bonuses, tips	\$6,555.00
Ja	nuary 1 to	December 31, _	<u>2015</u>) YYYY	Operating a business		Operating a business	
		ndar year befor		Wages, commissions, bonuses, tips	\$19,132.00	Wages, commissions, bonuses, tips	\$25,672.00
Ja	nuary 1 to	December 31,	<u>2014</u>)	Operating a business		Operating a business	
Include income regardless of whether th unemployment; and other public benefit and gambling and lottery winnings. If yo Debtor 1. List each source and the gross income f				at income is taxable. Example payments; pensions; rental incurare in a joint case and you h	es of other income are come; interest; dividen ave income that you re	alimony; child support; Soci ds; money collected from law eceived together, list it only o	wsuits; royalties;
	□ No ✓ Yes	s. Fill in the deta	ils.				
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
		ry 1 of the curre ı filed for bankr	•	AMPI director (est)	\$479.35 		
		calendar year: December 31,	2015)	Ampi director (est)	\$500.00		
	•		YYYY				
		ndar year befor	2014)				
		`	YYYY				

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Debtor 1	Joshua First Name	P Middle Name	Dickmann Last Name		Case number (if kno	own)					
		Middle Name	Last Name								
Part 3:	List Certa	in Payments You	Made Before Y	ou Filed for Ba	nkruptcy						
6. Are e	ither Debtor 1's	r Debtor 1's or Debtor 2's debts primarily consumer debts?									
✓N		Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."									
	During the 9	During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?									
	□ No. Go	☐ No. Go to line 7.									
	tot	Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.									
	* Subject to	adjustment on 4/01/19	9 and every 3 years after that for cases filed on or after the date of adjustment.								
□ Y	es. Debtor 1 or	Debtor 2 or both have	primarily consum	ner debts.							
	During the 9	00 days before you filed	for bankruptcy, did	bankruptcy, did you pay any creditor a total of \$600 or more?							
	□ No. Go	to line 7.									
	cre	Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.									
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for					
regular payments to creditors Creditor's name			IRS			Mortgage					
no prepa			\$490/mo CentralSot			☐ Car ☐ Credit card					
	Street		a			Loan repayment					
			\$2500/mo FSA			Suppliers or vendors					
City		State ZIP Code	\$3162/mo Sunrise Ag about \$4000/mo AMPI \$864/mo			Other					
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for					
Minnesot Creditor's na	ta Power & Lig	ht	Aug. 2016	\$5,100.00	\$0.00						
	Street					Car Credit card Loan repayment					
Duluth		MN									
City		State ZIP Code	<u> </u>			ш					

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Debtor 1 Joshua P First Name Middl		Dickmann Ile Name Last Name		Case number (if known)					
	Insiders corpora agent, i	1 year before your relations of which you	u filed fo atives; ar u are an o a busines	or bankruptcy, by general partr officer, director as you operate	did you make a ers; relatives of person in contro	any general partn ol, or owner of 20°	ers; partnerships o % or more of their v	one who was an inside of which you are a gene woting securities; and an ents for domestic support	ral partner; ny managing
	□ No ✓ Yes	s. List all paymen	ts to an i	nsider.					
					Dates of payment	Total amount paid	Amount you still owe	Reason for this	payment
nside	r's name	kmann			_			for disclosure: their feed from Dickmann and	n Daniel
Numb	er Str	eet			_			each milk ched current feed	ck for the
City			State	ZIP Code	_				
					Dates of payment	Total amount paid	Amount you still owe	Reason for this	payment
	iel Dicl r's name	kmann			_ Dec. 2015	\$5,000.00		for disclosure: Deere 2510 fro Dickmann	
Numb	er Str	eet			_			DICKIIIAIIII	
Pier:	z		MN State	56364 ZIP Code	_				
	benefite Include Mo	1 year before you ed an insider? payments on deb s. List all paymen	ts guara	nteed or cosigr	ed by an insider		transfer any propo	erty on account of a d	ebt that
Pa	rt 4:	Identify Leg	jal Acti	ons, Repos	sessions, an	d Foreclosure	es		
	List all	-	uding pe	rsonal injury ca		-		administrative proceed paternity actions, support	-
	□ No ☑ Yes	s. Fill in the detail	S.						
	title	D. 1		Nature of the			urt or agency	Sta	tus of the case
Lind	la J Did	Dickmann, ckmann vs Elm utual Insuranc		Dickmann	Dickmann, Lin vs Elmdale Fa ırance, Inc c	rmers Cou	nciliation Court		PendingOn appeal
		r 49-CO-15-14	•		of fire damage	· · · · · · · · · · · · · · · · · · ·	nber Street		Concluded
				11			le Falls	MN 56345	_
						City		State ZIP Code	

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Debtor	r 1	Joshua	Р	Dickmann Case	number (if known)			
		First Name	Middle Name	Last Name				
S	eized	, or levied?	ou filed for bankruptcy,	was any of your property repossesse	d, foreclosed, garnished, a	ttached,		
[•	_	o. Go to line 11. s. Fill in the info	rmation below.					
_	_			Describe the property	Date	Value of the property		
LVNV	,			garnished \$255 in July 2016	July	\$255.00		
Creditor		ne		_		Ψ233.00		
c/o G	urste	el Chargo						
Numbei	r St	reet		Explain what happened				
				Property was repossessed.				
				Property was foreclosed.				
City			State ZIP Code	 Property was garnished. Property was attached, seized, or 	r levied			
City			State ZIP Code	Troperty was attached, seized, c	i levieu.			
				Describe the property	Date	Value of the property		
misc.				several other garnishments, bu	ıt longer			
Creditor	r's Nan	ne		than 90 days prior				
Numbei	r St	reet		Explain what happened				
				☐ Property was repossessed.				
				Property was foreclosed.				
				Property was garnished.				
City			State ZIP Code	Property was attached, seized, o	r levied.			
		•	•	y, did any creditor, including a bank o ke a payment because you owed a del	•	ff any		
_	Z No □ Ye	s. Fill in the deta	ails.					
	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?							
_	☑ No ☑ Ye							
Pari	· 5·	List Certai	n Gifts and Contrib	outions				
				y, did you give any gifts with a total va	lue of more than \$600 per p	person?		
_	☑ No ☑ Ye	s. Fill in the deta	ails for each gift.					

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Debtor 1	Joshua	P		ckmann	Case number (if	known)	
	First Name in 2 years before by charity?	Middle Nam		t Name ou give any gifts	or contributions with a to	tal value of more tha	ın \$600
	No Yes. Fill in the deta	ails for each gift o	or contribution.				
	ontributions to ch more than \$600	narities		Describe what about \$20/mo	you contributed nth	Date you contributed	Value
Zion Lut Charity's Na				-			-
Number	Street			-			-
Little Fal	ls	MN	56345	_			
City Part 6:	List Certai	State in Losses	ZIP Code				
Part 7:		n Payments			acting on your behalf pay	or transfer any pro	perty to
-	ne you consulted de any attorneys, b	_			cruptcy petition? agencies for services requi	red for your bankrupt	су.
	No 'es. Fill in the deta	ails.					
Sam Cal			Description \$2000	on and value of a	ny property transferred	Date payment or transfer was made	Amount of payment
1011 2nd Number	Street					Aug 2016	\$2,000.00
ST Cloud		IN 56303 tate ZIP Code	_				-
Email or we	bsite address						

Person Who Made the Payment, if Not You

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Debt	or 1	Joshua First Name		P Middle Name	Dickmann Last Name	Case number (if k	nown)	
		nseling		Wilder Name		f any property transferred	Date payment or transfer was made	Amount of payment
_	on Who V							¢45.00
Numb	nterne t ber Str	eet			•		Aug 2016	\$15.00
City			State	ZIP Code				
City			State	ZIP Code				
Email	or websi	te address						
Perso	n Who N	Made the Payme	ent, if Not	You	•			
	anyone	who promi	sed to h	elp you deal w		se acting on your behalf pay of ake payments to your credito		perty to
	✓ No ☐ Yes	s. Fill in the o	details.					
		-	-		uptcy, did you sell, trade, se of your business or fin	or otherwise transfer any pro ancial affairs?	perty to anyone, ot	her than
		_			made as security (such as ave already listed on this s	granting of a security interest of tatement.	or mortgage on your	property).
	☑ No □ Yes	s. Fill in the	details.					
		-	-		ruptcy, did you transfer and called asset-protection dev	ny property to a self-settled tr vices.)	ust or similar devic	ce of which
	✓ No ☐ Yes	s. Fill in the	details.					
Pa	rt 8:	List Cer	tain Fi	nancial Acc	ounts, Instruments,	Safe Deposit Boxes, and	Storage Units	
20.		•	•	led for bankrup ed, or transferre	•	ccounts or instruments held i	n your name, or for	your
		•	•	•	or other financial accounts; ciations, and other financial	certificates of deposit; shares ir institutions.	n banks, credit union	ns, brokerage
	✓ No ☐ Yes	s. Fill in the	details.					
	•	•	•	ou have within er valuables?	1 year before you filed fo	r bankruptcy, any safe depos	it box or other depo	ository
	✓ No ☐ Yes	s. Fill in the o	details.					

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Debtor 1	Joshua First Name	P Middle Name	Dickmann Last Name		Case number (if known)			
☑ ▷				ur home wit	thin 1 year before you filed for bankru	ptcy?		
Part 9:		erty You Hold or	· Control for Sor	neone Els	e			
or ho	ou hold or control any old in trust for someon No Yes. Fill in the details.		eone else owns? Ir	nclude any p	roperty you borrowed from, are storin	ng for,		
		Where i	s the property?		Describe the property	Value		
Owner's Na					2 beef cattle (Belgian Blue); Bobcat chopper			
17791 22 Number	25th AV Street	17873 Number	Number Street		— haybine 8070 Allis Chalmers — 8650 John Deere			
Pierz City		Pierz Code City	MN State	56364 ZIP Code	Husky manure tank — cultivator disk feed wagons hay racks misc. other farm equipmetn			
Part 10			ental Informatio	n				
■ Enviro	dous or toxic substanding statutes or regula	any federal, state, o ce, wastes, or mate tions controlling th	r local statute or requirial into the air, land e cleanup of these s	l, soil, surfa substances,	cerning pollution, contamination, releace water, groundwater, or other mediuwastes, or material.	um,		
	it or used to own, ope		•		ital law, whether you now own, operat	.e, or		
	dous material means ance, hazardous mate				lous waste, hazardous substance, tox	ic		
Report all	l notices, releases, an	d proceedings that	you know about, re	gardless of	when they occurred.			
		t notified you that y	ou may be liable or	potentially l	liable under or in violation of an enviro	onmental		
25. Have	Yes. Fill in the details. 5. Have you notified any governmental unit of any release of hazardous material? No							

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Debtor	r 1	Joshua	P	Dickmann	Case number (if known)			
		First Name	Middle Name					
	lave yo rders.		in any judicial o	r administrative proceeding under	any environmental law? Include settlements and			
Г	7 No							
		s. Fill in the deta	nils.					
Pari	t 11:	Give Detai	ls About Your	Business or Connections to	o Any Business			
27. W		4 years before			r have any of the following connections to any			
_	 ✓ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation ☐ No. None of the above applies. Go to Part 12. 							
<u>\</u>	Z Yes	s. Check all that		fill in the details below for each busing				
Udde	rview	Dairy		escribe the nature of the business airly farming operation.	S Employer Identification number Do not include Social Security number or ITIN.			
	ss Name				EIN:			
Number	225t Str			lame of accountant or bookkeeper				
			F	ton Woltjer	Dates business existed			
			_		From Jan. 2010 To date			
Pierz City		MN State	56364 ZIP Code					
al D	II finai No		s, creditors, or o		atement to anyone about your business? Include			
				Date issued				
	and P	ine Country B	ank					
Name	-1 -4-							
annua Numbe		tements _{eet}						

City

State

ZIP Code

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Debtor 1	Joshua	Р	Dickmann	Case number (if known)
	First Name	Middle Name	Last Name	, <u> </u>
Part 12	Sign Belov	N		
that answe	ers are true and only fraud in conne	correct. I understand	that making a false staten	chments, and I declare under penalty of perjury nent, concealing property, or obtaining money or up to \$250,000, or imprisonment for up to 20 years,
	shua P Dickmar P Dickmann, Deb		X /s/ Linda J Dick Linda J Dickmann,	
Date _	08/11/2016		Date	016
Did you at	tach additional p	ages to Your Statemer	nt of Financial Affairs for l	Individuals Filing for Bankruptcy (Official Form 107)?
☑ No ☐ Yes				
Did you pa	ay or agree to pay	y someone who is not	an attorney to help you fi	Il out bankruptcy forms?
☑ No				
┌ Yes. N	Name of person			Attach the Bankruptcy Petition Preparer's Notice,

Declaration, and Signature (Official Form 119).

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Fill in this inf	ormation to	identify your case	:				
Debtor 1	Joshua First Name	P Middle Name	Dickmann Last Name				
		iviluule Name					
Debtor 2 (Spouse, if filing)	Linda First Name	Middle Name	Dickmann Last Name				
United States Bankruptcy Court for the: DISTRICT OF MINNESOTA							
Case number							
(if known)							

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.							
	Identify the creditor and the property that is collateral			at do you intend to do with the perty that secures a debt?		Did you claim the property as exempt on Schedule C?		
	Creditor's name:	Assoc Milk Producers Inc.		Surrender the property. Retain the property and redeem it.		No Yes		
	Description of	Penta TMR, model 6720		Retain the property and enter into a Reaffirmation Agreement.				
	property securing debt:			Retain the property and [explain]:	•			
	Creditor's	Bank Of America		Surrender the property.		No		
	name:		$\overline{\mathbf{Q}}$	Retain the property and redeem it.	$\overline{\mathbf{V}}$	Yes		
	Description of	2005 Crestliner 1650 Sportfish, with		Retain the property and enter into a Reaffirmation Agreement.				
	property securing debt:	75 hp Yamaha		Retain the property and [explain]:				
	Creditor's	Morrison County Auditor	П	Surrender the property.	П	No		
	name:	·	▔	Retain the property and redeem it.	$\overline{\square}$	Yes		
	Description of property	79.94 acres		Retain the property and enter into a Reaffirmation Agreement.				
	securing debt:			Retain the property and [explain]:				
	· ·			Debtor will continue making pay	men	ts to creditor without		

reaffirming.

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Debtor 1			Р	Dickmann		Case number (if known)			
	First Nar	ne	Middle Name	Last Name					
lde	entify the cre	editor and t	ne property that i	s collateral		at do you intend to do with the perty that secures a debt?		you claim the property exempt on Schedule C?	
Cre nar	editor's me:	Rushmo	e Loan Mgmt			Surrender the property. Retain the property and redeem it.		No Yes	
pro	scription of operty curing debt:	real esta	te			Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:			
oooaniig aooa						Debtor will continue making pay reaffirming.	ments to creditor without		
Cre nar	editor's me:	USDA				Surrender the property. Retain the property and redeem it.		No Yes	
	scription of perty	farm			Ø	Retain the property and enter into a Reaffirmation Agreement.			
sec	curing debt:				$\overline{\mathbf{Q}}$	Retain the property and [explain]: Debt will be reaffirmed for fair many	arket value.		
Cre nar	editor's me:	USDA				Surrender the property. Retain the property and redeem it.		No Yes	
	scription of operty	farm anir	nals and equip	ment	<u>A</u>	Retain the property and enter into a Reaffirmation Agreement.			
securing debt:					Retain the property and [explain]: Debt will be reaffirmed for fair market value.				
Part 2	2: List	Your Une	expired Perso	nal Property Lo	ease	es			
fill in the	e informatio	n below. D	o not list real est	ate leases. Unex	oired	e G: Executory Contracts and Unexpire leases are leases that are still in effect the trustee does not assume it. 11 U.S	t; the	e lease period has not	
De	scribe your	unexpired	personal property	y leases		,	Will t	his lease be assumed?	
No	one.								
Part 3	3: Sign	Below							
			declare that I hav bject to an unex	•	entic	on about any property of my estate tha	t sec	ures a debt and	
	loshua P D ua P Dickma		1	X /s/ Lind Linda J [Dickmann nann, Debtor 2			
Date	08/11/201 MM / DD /			Date 08		2016 D / YYYY			

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

+	\$75	filing fee administrative fee trustee surcharge
<u> </u>	*	
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

+		filing fee administrative fee
	\$1.717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

ŀ		filing fee administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

+		filing fee administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case togethercalled a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B2030 (Form 2030) (12/15)

e. [Other provisions as needed]

Other services reasonably necessary to represent the debtor(s).

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA DULUTH DIVISION

In re Joshua P Dickmann Cas Linda J Dickmann

Case No.			
Chapter	7		

	DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
	For legal services, I have agreed to accept
	Prior to the filing of this statement I have received
	Balance Due
2.	The source of the compensation paid to me was:
	☑ Debtor ☐ Other (specify)
3.	The source of compensation to be paid to me is:
	✓ Debtor Other (specify)
4.	✓ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
	I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
	b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
	c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
	d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/11/2016 /s/ Sam V. Calvert

Date Sam V. Calvert
Sam V. Calvert

1011 2nd ST N St. Cloud MN 56303 Phone: (320) 252-4473 Bar No. 1431X

/s/ Joshua P Dickmann /s/ Linda J Dickmann

Joshua P Dickmann Linda J Dickmann

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		Duc	ument Page 65	01.91
Fill in this inf	ormation to	identify your case	:	Check one box only as directed in this
Debtor 1 Debtor 2 (Spouse, if filing) United States Bar Case number (if known)		P Middle Name J Middle Name or the: DISTRICT OF	Dickmann Last Name Dickmann Last Name MINNESOTA	form and in Form 122A-1Supp: 1. There is no presumption of abuse. 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2). 3. The Means Test does not apply now because of qualified military service but it could apply later.
				Check if this is an amended filing
Official Form	122A-1			
Chapter 7 S	tatement o	of Your Current	Monthly Income	12/15
accurate. If more	space is neede	d, attach a separate s	heet to this form. Include th	, both are equally responsible for being e line number to which the additional

information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form

122A-1Supp) with this form.

Part 1:

1.

Calculate Your Current Monthly Income

Wha	What is your marital and filing status? Check one only.							
	Not	married. Fill out Column A, lines 2-11.						
$\overline{\mathbf{V}}$	Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.							
	Maı	ried and your spouse is NOT filing with you. You and your spouse are:						
	Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.							
		Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).						

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$0.00	\$1,818.38
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$0.00	\$0.00

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Debtor 1 Joshua Dickmann Case number (if known) First Name Middle Name Last Name Column A Column B Debtor 1 Debtor 2 or non-filing spouse Net income from operating a business, profession, or farm Debtor 1 Debtor 2 \$8,587.70 \$8,587.70 Gross receipts (before all deductions) \$8,248.62 \$8,248.62 Ordinary and necessary operating -\$339.08 \$339.08 \$339.08 \$339.08 Net monthly income from a business, here profession, or farm See continuation page(s) for details Net income from rental and other real property Debtor 1 Debtor 2 \$79.89 \$0.00 Gross receipts (before all deductions) Ordinary and necessary operating \$0.00 \$0.00 expenses Copy \$79.89 \$0.00 \$79.89 \$0.00 Net monthly income from rental or here other real property Interest, dividends, and royalties \$0.00 \$0.00 **Unemployment compensation** \$0.00 \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \$0.00 For you....._ \$0.00 For your spouse..... Pension or retirement income. Do not include any amount received that \$0.00 \$0.00 was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. \$2,157.46 \$418.97 \$2,576.43 Then add the total for Column A to the total for Column B. **Total current** monthly income Case 16-50540 Doc 1 Filed 08/11/16 Entered 08/11/16 18:07:39 Desc Main Document Page 87 of 91

Deb	otor 1	Joshua First Name	P Middle Name	Dickmann Last Name	Case number (if known)
P	art 2:	Determin	ne Whether the Mear	s Test Applies to) You
12.	Calcu	ulate your curre	ent monthly income for th	e year. Follow these s	steps:
	12a.	Copy your tota	I current monthly income f	rom line 11	Copy line 11 here > 12a. \$2,576.43
		Multiply by 12	(the number of months in a	a year).	X 12
	12b.	The result is yo	our annual income for this	part of the form.	12b. \$30,917.16
13.	Calcu	ulate the media	n family income that app	lies to you. Follow the	ese steps:
	Fill in	the state in whi	ch you live.	Minneso	ota
	Fill in	the number of p	people in your household.	6	
	Fill in	the median fam	nily income for your state a	nd size of household	13. \$115,364.00
			cable median income amou orm. This list may also be		ne link specified in the separate uptcy clerk's office.
14.	How	do the lines co	mpare?		
	14a.	Line 12b Go to Par		e 13. On the top of page	ge 1, check box 1, There is no presumption of abuse.
	14b.		is more than line 13. On that 3 and fill out Form 122A-		k box 2, The presumption of abuse is determined by Form 122A-2.
P	art 3:	Sign Bel	ow		
	By s	signing here, I d	eclare under penalty of pe	jury that the information	on on this statement and in any attachments is true and correct.
	V	/a/ Jackus D [Sielemann		W /o/ Lindo Diokmonn
		/s/ Joshua P [Joshua P Dickm			X /s/ Linda J Dickmann Linda J Dickmann, Debtor 2
	I	Date 8/11/201	6		Date 8/11/2016
		MM / DD	/ YYYY		MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Debtor 1	Joshua	Р	Dickmann	Case number (if known)
	First Name	Middle Name	Last Name	

5. Net income from operating a business, profession, or farm (details):

Debtor 1 / Debtor 2	tor 1 / Debtor 2 Description (if available)		
Debtor 1	AMPI Milk sales		
Gross receipts (before all deductions)		\$8,573.89	
Ordinary and necessary operating exp	penses	\$8,248.62	
Net monthly income from a business,	profession, or farm	\$325.27	
Debtor 2	AMPI Milk sales		
Gross receipts (before all deductions)		\$8,573.89	
Ordinary and necessary operating exp	\$8,248.62		
Net monthly income from a business,	profession, or farm	\$325.27	
Debtor 2	colostrum sales		
Gross receipts (before all deductions)		\$13.81	
Ordinary and necessary operating exp	penses	\$0.00	
Net monthly income from a business,	\$13.81		
Debtor 1	colustrum sales		
Gross receipts (before all deductions)	\$13.81		
Ordinary and necessary operating exp	\$0.00		
Net monthly income from a business,	\$13.81		

Current Monthly Income Calculation Details

In re: Joshua P Dickmann Case Number:
Linda J Dickmann Chapter: 7

2. Gross wages, salary, tips, bonuses, overtime and commissions.

Debtor or Spouse's Income	Description (Description (if available)					
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
Spouse	BiGG Enter	<u> </u>	\$0.00	\$0.00	\$8 011 25	\$1 878 50	\$1.818.38

5. Net income from operating a business, profession or farm.

Debtor or Spouse's Income	Description (if	available)					
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
Debtor	AMPI Milk sa	les	•	·	·	·	
Gross receipts	\$8,573.89	\$8,573.89	\$8,573.89	\$8,573.89	\$8,573.89	\$8,573.89	\$8,573.89
Ordinary/necessary business expenses	\$8,248.62	\$8,248.62	\$8,248.62	\$8,248.62	\$8,248.62	\$8,248.62	\$8,248.62
Business income	\$325.27	\$325.27	\$325.27	\$325.27	\$325.27	\$325.27	\$325.27
Debtor	colustrum sa	les					
Gross receipts	\$82.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.81
Ordinary/necessary business expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Business income	\$82.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.81
Spouse	AMPI Milk sa	les					
Gross receipts	\$8,573.89	\$8,573.89	\$8,573.89	\$8,573.89	\$8,573.89	\$8,573.89	\$8,573.89
Ordinary/necessary business expenses	\$8,248.62	\$8,248.62	\$8,248.62	\$8,248.62	\$8,248.62	\$8,248.62	\$8,248.62
Business income	\$325.27	\$325.27	\$325.27	\$325.27	\$325.27	\$325.27	\$325.27
Spouse	colostrum sa	les					
Gross receipts	\$82.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.81
Ordinary/necessary business expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Business income	\$82.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.81

6. Net income from rental and other real property.

Debtor or Spouse's Income	Description (if available)					
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
Debtor	AMPI directo	or fees				·	
Gross receipts	\$0.00	\$0.00	\$255.05	\$0.00	\$224.30	\$0.00	\$79.89
Ordinary/necessary operating expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Rental income	\$0.00	\$0.00	\$255.05	\$0.00	\$224.30	\$0.00	\$79.89

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Underlying Allowances (as of 08/11/2016)

In re: Joshua P Dickmann Case Number: Linda J Dickmann Chapter: 7

Median Income Information					
State of Residence	Minnesota				
Household Size	6				
Median Income per Census Bureau Data	\$98,564.00 + (2 x \$8,400.00) = \$115,364.00				

National Standards: Food, Clothing, Household Supplies, Personal Care, and Miscellaneous		
Region	US	
Family Size	6	
Gross Monthly Income	\$2,576.43	
Income Level	Not Applicable	
Food	\$815.00	
Housekeeping Supplies	\$71.00	
Apparel and Services	\$227.00	
Personal Care Products and Services	\$74.00	
Miscellaneous	\$322.00	
Additional Allowance for Family Size Greater Than 4	\$682.00	
Total	\$2,191.00	

National Standards: Health Care (only applies to cases filed on or after 1/1/08)		
Household members under 65 years of age		
Allowance per member	\$54.00	
Number of members	0	
Subtotal	\$0.00	
Household members 65 years of age or older		
Allowance per member	\$130.00	
Number of members	0	
Subtotal	\$0.00	
Total	\$0.00	

Local Standards: Housing and Utilities			
State Name	Minnesota		
County or City Name	Morrison County		
Family Size	Family of 5 or more		
Non-Mortgage Expenses	\$600.00		
Mortgage/Rent Expense Allowance	\$1,179.00		
Minus Average Monthly Payment for Debts Secured by Home	\$0.00		
Equals Net Mortgage/Rental Expense	\$1,179.00		
Housing and Utilities Adjustment	\$0.00		

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Underlying Allowances (as of 08/11/2016)

In re: Joshua P Dickmann Case Number: Linda J Dickmann Chapter: 7

Local Standards: Transportation; Vehicle Operation/Public Transportation					
Transportation Region		Midwest Reg	Midwest Region		
Number of Vehicles Operated		2 or more	2 or more		
Allowance		\$382.00	\$382.00		
Local Standards: Transportation; Additional Public Transportation Expense					
Transportation Region	Midwest Re		gion		
Allowance (if entitled)	owance (if entitled)		\$173.00		
Amount Claimed		\$0.00	\$0.00		
Local Standards: Transportation; Ownership/Lease Expense					
Transportation Region		Midwest Reg	Midwest Region		
Number of Vehicles with Ownership/Lease Expense		2 or more	2 or more		
First Car		•	Second Car		
Allowance	\$471.00		\$471.00		
Minus Average Monthly Payment for Debts Secured by Vehicle	\$0.00		\$0.00		
Equals Net Ownership / Lease Expense	\$471.00		\$471.00		